



## Emergency Funding Application for Survivor Hotel Accommodations and Transportation Expenses

The Indiana Coalition Against Domestic Violence, Inc. (ICADV) has secured funding to **pay for emergency accommodations (hotel/motel) and transportation expenses** incurred while serving survivors of crime in Indiana. Families experiencing forms of violence including but not limited to domestic or sexual violence, stalking, human trafficking, child abuse, etc. will be prioritized for funding.

### Application Information

- **Funding is available to support eligible expenses incurred from March 5, 2021 to September 30, 2021.**
- Applicants must be an ICADV member program or a program whose primary role is serving survivors of crime.
- ICADV will only reimburse hotel/motel accommodations at the state rate of \$96.00 or a lesser value.
- ICADV will only reimburse mileage reimbursement at the state rate of \$0.39 per mile.
- ICADV will only reimburse the program for the purchase of *fuel cards*.
- All supporting documentation of costs/estimates must be attached to the application before submission.
- All efforts will be made to review the completed application within five (5) business days. ICADV will advise the advocate of the final determination. ICADV is not responsible for funds disbursed by the program prior to the application being approved.
- **ICADV will ONLY reimburse the referring program.** The program is responsible for paying the vendor(s) directly. ICADV will process payment within 21 business days.
- If funding is limited or depleted, ICADV reserves the right to award partial or no funding.
- An informational webinar on completing the application can be viewed on the ICADV website <https://icadvinc.org/covid19/>
- **Applications and questions should be sent securely to [economicjustice@icadvinc.org](mailto:economicjustice@icadvinc.org).**

### PROGRAM/ADVOCATE INFORMATION

<b>Program Name:</b>		
<b>Advocate Name:</b>		
<b>Advocate Email:</b>		
<b>Address:</b>	<b>City:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>State:</b>

### APPLICANT INFORMATION

<b>Survivors Initials:</b>							
<b>City:</b>			<b>State:</b>			<b>Zip:</b>	
<b>Age:</b>			<b># of Dependents:</b>				
<b>Ethnic Identity</b>	Black	Asian	Caucasian	Hispanic	Native American	Pacific Islander	Other
<b>Income Level</b>	\$5,000 or less	\$15,000 or less	\$25,000 or less	\$40,000 or less	\$40,000 or more	Unknown	
<b>Relationship Status</b>	Married	Divorced	Separated	Widow	Boyfriend/Girlfriend	Other	

*This initiative is supported by VOCA Grant No 2018-V2-GX-0031 awarded by the Indiana Criminal Justice Institute with funds originating from the Office on Victims of Crime.*

*Last Updated: 3/10/021*



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<b>Education Level</b>	Elementary (1-6)	Middle/Jr. High school	High School	College	Post College	Other	
<b>Gender Identity</b>	Male	Female	Non-Binary	Trans	Please share:		
<b>Special Classifications</b>	Deaf/Hard of Hearing	Immigrant/Refugees	Veteran	Homeless	LGBTQ	Disability	Other

### FINANCIAL REQUEST INFORMATION

Please enter the amount next to the expense(s) in which funding is being requested.			
Expense	Rate/Cost	Nights/Quantity/Miles	Total Request
Hotel/Motel (state rate or less)			
Fuel Card (at cost)			
Mileage Reimbursement (state rate or less)			
Relocation expenses (ride share/bus, train, plane tickets/public transportation, etc.)			
<b>Total Amount Requested:</b>			

The referring program/advocate has determined that the survivor of crime represented in this application needed accommodations outside of shelter or relocated for one or more of the following reasons. Please place an X next to all that apply.			
Program is at Capacity		Public Health Emergency: COVID-19	
Safety Concerns		Relocated to be near a support system(s).	
Transition period to stable housing		Other (please explain)	

By signing below, I certify that the information submitted in this application is true to the best of my knowledge.

\_\_\_\_\_  
Advocate/Supervisor Signature

\_\_\_\_\_  
Date

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