The economic empowerment program aims to partner with member programs to address the economic instability of victims and survivors. Violence Free Minnesota offers a one-time, low-barrier cash grant to domestic and sexual violence victims/survivors for the purposes of increasing and/or maintaining housing stability and credit building. We believe that meeting victim and survivors’ economic needs will have a wholistic positive impact on safety and ending the cycle of relationship abuse.

**Program Eligibility** – Member programs of VFMN can access funds for victim/survivors by participating in VFMN’s Allstate Moving Ahead Curriculum program, which includes attending a training. There are three main components to this program:

1. **Financial Empowerment for Advocates** – Advocates will receive basic skill building and knowledge around financial literacy through the Allstate Moving Ahead Curriculum, empowering them to transform these concepts into their own lives as well as the lives of the participants.
2. **Technical Assistance for Advocates** – Advocates will receive ongoing technical assistance from the team on matters of implementing financial empowerment groups with their participants, to locating community resources, to integrating economic justice work into their program.
3. **Survivor Fund** – Victims/survivors will have access to a one-time, low barrier cash grant through the Economic Survivor Fund to help victims and survivor’s increase and/or maintain their housing stability and/or for credit repair.

**Requirements –** Victim/survivors **are not** required or obligated to participate in ANY economic empowerment resources, further participation in ANY programming, or follow-up in order to qualify for the funds. **Programs** are required to fill out a survey from VFMN three (3) months post application per participant to help us understand the impact the funds have or did not have on the participant. **Victim/survivors** will be asked, but not required, to complete an evaluation. VFMN will provide a $25 gift card incentive to survivors who choose to participate in the survey.

**Survivor Fund Information –** One-time funds can be requested up to **$1,500 per victim/survivor**. The amount requested and the proposed plan (housing stability or credit building) of the funds should be determined by the victim with the support of the advocate. Grant should help with a onetime need – e.g. first month’s rent, security deposit, unpaid utility bill, job training, car repair, child care, etc. **The purposes of the funds is NOT to provide ongoing financial support**. *(Example: participant doesn’t have steady income but wanted housing and first month’s rent was paid for, but no further rent can be paid for and now the participant is facing eviction).*

* **Housing stability** is broadly defined as: safe, affordable, sustainable, and decreases the chance of being homeless or losing their home. This may be tied into job security, access to transportation, etc.
* **Credit Building** is broadly defined as: anything that will benefit financial empowerment for the future, including paying off past due accounts, utility bill, car out of impound, etc. - ultimately leading to security and stability.

**HOW TO APPLY –**

Applications will be in the member portal on VFMN’s website. You will need your login information to access. **Completed application** can be emailed to staff at Violence Free Minnesota at admin@vfmn.org.

**Note: Approved checks will be mailed out within 7-10 business days**

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| **FORM MUST BE COMPLETED IN ITS ENTIRETY OR IT MAY BE DELAYED (Mark N/A if not applicable) - 2022** | | | | | | | | | |
| **ADVOCATE INFORMATION** | | | | | | | | | |
| Name of Advocate: | | | | | | | Date Requested: | | |
| Organization/Program: | | | | | | Are you a member of Violence Free MN: Yes No | | | |
| Email: | | | | | Phone: | | | | |
| Have you completed the Allstate Moving Ahead Curriculum:  Yes No | | | | | | | | | |
| **PARTICIPANT INFORMATION** | | | | | | | | | |
| Participant Name (First and Last):  **Undocumented**: Yes No | | | Amount Requested  ($1,500 max): | | | | | | Date funds needed by: |
| Gender: | Age: | | Race/Ethnicity: | | | | | | # of Children in the Household: |
| **FUND INFORMATION** | | | | | | | | | |
| Who is the check made out to (choose one)?   * Participant * Payee\* * Vendor\*  Needs a Guarantor Letter   **\*Please include ROI with application** | | | | Payee or Vendor Information (please include name and phone number and/or email): | | | | | |
| **ALL CHECKS WILL BE MAILED** | | | | **Provide name and complete mailing address (city, state, zip):** | | | | | |
| Fund is to help with participant’s:   * Housing Stability * Credit Building | | | | How will funds be used: | | | | | |
| I have been given (e.g., confidentiality notice, informed consent, etc.) and have been notified that receiving these funds are **NOT** contingent on my participation in **ANY** further services, unless I voluntarily decide to opt in.  Participant initials: Advocate initials: ­­­­­­­­­­­­ | | | | | | | | | |
| **FOLLOW-UP** | | | | | | | | | |
| VFMN would like to do a ONE-TIME follow-up with participants in three (3) months to understand how the fund did or did not help and will provide a $25 gift card incentive to survivors who complete survey. If you consent to a follow-up, VFMN will contact you by method of your choosing to conduct a brief survey.   I **consent** to a **one-time** follow-up in three (3) months. My preferred method of contact is:  Email  Phone  Mail  Please provide contact information here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My preferred language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   I **DO NOT** consent to a one-time follow-up.  **Participant Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Completed Forms Can Be Emailed or Scanned To:** | | | | | | | | | |
| admin@vfmn.org | | | | | | | | | |
| **FOR OFFICE USE ONLY (2022)** | | | | | | | | | |
| Date received: | |  Approved | | | | | |  Denied | |
| Reason for Denial: | | | | | | | | | |
| **In the space below, please provide any additional information on behalf of survivor** | | | | | | | | | |
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