

Applications for COVID-19 Emergency Funds are now being accepted!

Key points to remember when requesting funds

1. The COVID-19 emergency fund can only be accessed by VFMN, MNCASA, MIWSAC, or Sacred Hoop Member Programs
2. Submit a completed COVID-19 Emergency Fund Application on behalf of the survivor (form attached).
3. Forms **MUST** be submitted by the advocate **NOT** the survivor.
4. Survivors should not contact Violence Free Minnesota with questions – **ONLY** the advocate.
5. Forms **MUST** be submitted by the advocate working with the survivor.
6. Three (3) requests per member/coalition program will be allowed. One (1) request per survivor.
7. Unlimited requests for member/coalition programs who are helping undocumented survivors.
8. \$1,000 maximum per request.
9. Advocate **MUST** complete a follow-up evaluation in three (3) months following the requests.

Forms can be emailed to dfarley@vfmn.org or faxed to 651-646-1527

NOTE: It is strongly suggested that advocates develop a Post COVID-19 Financial Stability Plan with survivor.

QUESTIONS: any questions should be directed to Danisa Farley at dfarley@vfmn.org



The Covid-19 Emergency Fund aims to partner advocates with victim/survivors and offer a one-time, low-barrier cash grant to domestic and sexual violence victims/survivors for the purposes alleviating hardships caused by the Covid-19 crisis that cannot be met through other resources. We believe that meeting victim and survivors economic needs will have a positive impact on their safety.

Program Eligibility – Member programs of VFMN, MNCASA, MIWSAC, or Sacred Hoop can access funds for participants. Victim/Survivors must be working with an advocate within a member agency. Survivors can qualify for funds due to loss or reduction of main source of income due to COVID-19 or for any emergency need that has arisen due to Covid-19.

1. **Loss of employment or main source of income** – survivor’s financial resources has been eliminated or drastically reduced due to COVID-19.
2. **Obtain or Maintain Safe Housing** – 1st month’s rent.
3. **Access to Basic Needs** – food, transportation needs, household safety, etc.
4. **Other** – survivors, working with their advocate, can self-define their emergency need.

Victims/survivors will have access to a one-time, low barrier cash grant through the Emergency Fund for COVID-19 to help victims and survivor’s increase and/or maintain their household’s basic and emergency needs.

Requirements – Participants **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.

Emergency Fund for COVID-19 – Is a one-time fund. Up to **\$1,000 per participant**. The amount requested and the purposed plan for use of the funds should be determined by the victim/survivor with the support of the advocate. Grant should help with a one-time need. **The purposes of the fund IS NOT to provide ongoing financial support** – participant and advocate must create a brief Post COVID-19 financial stability plan.

HOW TO APPLY

Fill out the application and follow the prompts as you go. **Completed application** can be faxed to 651.646.1527 or emailed to Danisa Farley at dfarley@vfmn.org.



COVID-19 EMERGENCY FUND APPLICATION

FORM MUST BE COMPLETED IN ITS ENTIRETY OR IT MAY BE DELAYED (MARK N/A IF NOT APPLICABLE)

ADVOCATE INFORMATION

Name of Advocate:		Date Requested:
Organization/Program:	Immigrant / Undocumented: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Member of what program (select all that apply): <input type="checkbox"/> MIWSAC <input type="checkbox"/> MNCASA <input type="checkbox"/> Sacred Hoop <input type="checkbox"/> VFMN		
Email:	Phone:	

PARTICIPANT INFORMATION

Participant Name (First and Last):		Requested Amt.: (\$1,000 max)	Date funds needed by:
Gender:	Age:	Race/Ethnicity:	# of Children in the Household:

FUND INFORMATION

Check made payable to (choose one)? <input type="checkbox"/> Participant <input type="checkbox"/> Payee <i>(include ROI with application)</i> <input type="checkbox"/> Vendor <i>(include ROI with application)</i> <input type="checkbox"/> Needs a Guarantor Letter **ROI = Release of Information**	Payee or Vendor Information (please include name and phone number and/or email):
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Provide complete mailing address (city, state, zip):

Briefly describe emergency need(s):

Are other financial resources being requested? ☐ Yes ☐ No

Are other financial resources unavailable? ☐ Yes ☐ No

(in one or two sentences, tell us what other financial resources were considered and why not available or sufficient):

Financial Stability Plan (in one or two sentences, please tell us about other financial resources used for stabilization):

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:

Send completed form to dfarley@vfmn.org or fax to 651-646-1527

FOR OFFICE USE ONLY (2020)

Date received:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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