

Tally Sheet Example
(Feel free to create your own)

Vendor	Payment Amount
ABC Corporation 123 Grant Blvd. St. Paul, MN 55104	500.00
Mount Olivet Address City State Zip	500.00
Vendor Address City, State Zip	500.00
Total:	1500.00



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

PLEASE REVIEW AS THERE ARE NEW REQUIREMENTS

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). **Incomplete application will be denied and will have to be resubmitted.**
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. Please type or write legibly. You can download the application.
6. Five (5) 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. One (1) request per survivor.
8. Submit a separate application for each survivor. When scanning and emailing or faxing the application, scan/fax each application with documentation separately.
9. \$1,500 maximum per request.
10. Requests **MUST** include documentation of the expense (e.g. rent invoice, bill due).
11. Make sure account numbers are listed on invoices, and contact information listed for vendor. Preferably on Letterhead of vendor organization.
12. Releases of Information (ROI) designating VFMN as an agent to verify request is required. VFMN uses this release for documentation purposes and to verify accounts/amounts only. No personal information will be discussed with vendors/payee.
13. Wherever possible, check request should be made to pay a vendor. All checks will be sent to the advocate.
14. If you are requesting payments to more than one vendor, please attach a tally sheet of amounts to go to each vendor. (See attached example) this ensures that the correct amounts are being allocated.
15. All checks will be mailed to the Advocate who will then connect with the Survivor to sign an Acceptance Receipt and get the check to the correct person.



16. Advocate and Survivor **MUST** complete an Acceptance Receipt.

17. Allow 5-7 Business days for processing applications. The Advocate will receive communication when the application has been approved.

Forms can be emailed to bfreeman@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 Barbara Freeman at bfreeman@vfmn.org OR 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.

Emergency Fund for COVID-19 – Is a one-time fund. Up to **\$1,500 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 are encouraged to 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 Barbara Freeman at bfreeman@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:	
Mailing Address: (Check will be mailed to Program)			

PARTICIPANT INFORMATION

Participant Name (First and Last):		Requested Amt.: (\$1,500 max)	
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 (include ROI with application) <input type="checkbox"/> Vendor (include ROI with application) **ROI = Release of Information**	Name of person, payee, or vendor (include full mailing address; city, state, zip):
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Briefly describe emergency need(s) and Submit Documentation of the Need: (invoice, bill, signed statement detailing expense need)

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 bfreeman@vfmn.org or fax to 651-646-1527

FOR OFFICE USE ONLY (2020)		
Date received:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

