

Survivors Recovery Fund (SRF)
An Affiliated Project of the Women's Fund of Western MA
Application for Individuals
February 2015

The Survivors Recovery Fund is a donor-advised fund dedicated to promoting the recovery of survivors of partner abuse and sexual assault. During 2015, SRF is likely to offer a maximum of 10 Now and 10 Match My Savings grants.

Eligibility for Funding

To be considered for a SRF grant, applicants must be survivors, live in Berkshire, Franklin, Hampden, or Hampshire Counties, and have a relationship with a registered 501 (c)(3) organization that agrees to sponsor the applicant. The sponsoring organization may be a nonprofit organization or educational institution. SRF will distribute funds directly to the sponsoring organization. SRF will only consider one application per applicant.

Two Types of Funding: Matching & Non-Matching Grants

Match My Savings: SRF will support survivors' efforts to create savings by offering matching grants for survivors' self-identified, financial goals. SRF will provide \$2 for every \$1 saved for a maximum of \$100 per month for a maximum of 12 months. For example, if a survivor saves \$25 per month for six months, SRF will provide a matching grant of \$300.

Now: SRF will offer non-matching grants of \$500 maximum for survivors' immediate needs for economic relief.

SRF Application

Applicant Name: _____

City: _____ Phone: _____

E-mail: _____

Nonprofit Organizational Sponsor: _____

Point of Contact: _____

E-mail: _____ Phone: _____

Requested Grant by Type (Check Only One)

Match My Savings -- SRF will provide \$2 for every \$1 saved for a maximum of \$100 per month for a maximum of 12 months. For example, if a survivor saves \$25 per month for six months, SRF will provide a matching grant of \$300.

Now -- SRF will provide non-matching grants of \$500 maximum for survivors' needs for immediate economic relief.

Please provide the following information. This information will help us to understand where you are on your path to financial security.

Employment Status

- Employed full-time
- Self-employed
- Unemployed
- Employed part-time
- Student
- Other _____

Highest Level of Education

- Middle School
- High School
- Vocational School
- AA 2-year Degree
- BA/BS 4-year Degree
- MA/MS Graduate Degree

Primary Goal (Please Check One):

- Housing
- Transportation
- Child Care
- Health Care
- Education & Training
- Savings
- Pay Debt
- Other _____

Applicant's Financial Circumstances

Checking or Savings Account:	Yes _____	No _____	Not Sure _____
Direct Deposit for Paychecks:	Yes _____	No _____	Not Sure _____
Employer-based Savings Plan:	Yes _____	No _____	Not Sure _____
Uses a Budget Now:	Yes _____	No _____	Not Sure _____
Saves Regularly Now:	Yes _____	No _____	Not Sure _____
Familiar with Credit Report:	Yes _____	No _____	Not Sure _____
Knows Credit Score:	Yes _____	No _____	Not Sure _____
Uses Non-bank Financial Services:	Yes _____	No _____	Not Sure _____
Takes Advantage of Public Assistance:	Yes _____	No _____	Not Sure _____
Takes Advantage of Earned Income Tax Credit (EITC):	Yes _____	No _____	Not Sure _____

Total Savings Goal: _____

Expected Date of First Saving: _____

Expected Amount of Monthly Saving:

**Total Number of Months Applicant
Expects to Save:**

Please respond to the following 2 essay questions. (300 word maximum per response)

1. Please tell us a bit about your immediate need or longer-term savings goal.
2. How will a SRF grant support your recovery?

SRF Agreement – Individual Survivors

I agree that I meet the Survivors Recovery Fund’s eligibility requirements. The information provided is accurate.

By applying for a SRF grant, I understand that SRF will only consider one grant application per applicant.

If I am applying for a Match My Savings grant, I agree to demonstrate or otherwise attest to my monthly and total savings. Also, I agree to participate in a brief online survey or other form of follow-up at the time of the initial funds distribution and 3 months after the final distribution.

If I am applying for a Now grant, I understand that my participation in follow-up is encouraged and greatly appreciated as a means to sustain SRF over time.

Applicant Signature: _____ Date: _____

SRF Agreement – Organizational Sponsor

At SRF’s request, my organization agrees to immediately provide evidence of its tax exempt status under Section 501 (c)(3) of the US Internal Revenue Code. Any funds distributed to my organization will be used exclusively for individual survivors pre-qualified by SRF. Funds will be used only for charitable purposes described in this grant application. My organization will not withhold any funds for administrative or other purposes. Moreover, my organization will distribute SRF funds within ten (10) business days of receipt. Last, my organization agrees to provide financial records attesting to the use of SRF grant funds as requested by SRF.

Sponsor Signature: _____ Date: _____

Sponsor Representative (Print): _____ Title: _____

***Please submit your completed Application Form to
Survivors Recovery Fund
survivorsrecovery@gmail.com***