

**Survivors Recovery Fund (SRF)**  
**An Affiliated Project of the Women's Fund of Western MA**  
**Application for Individuals**  
**Spring 2021**

The Survivors Recovery Fund is a community-advised fund dedicated to promoting the recovery of survivors of partner abuse and sexual assault. During Spring 2021, SRF expects to offer a maximum of \$10,000 in Now and 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. SRF will distribute funds directly to the sponsoring organization. SRF will consider one application per applicant.

**Two Types of Funding: Match My Savings & Now 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 \$1,000 maximum for survivors' immediate needs for economic relief.

**SRF Application**

**Applicant Initials:** \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Nonprofit Organizational Sponsor:** \_\_\_\_\_

Point of Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Requested Grant by Type (Check Only One)**

**Now Grant** -- SRF will provide non-matching grants of \$1,000 maximum for survivors' needs for immediate economic relief.

**Match My Savings Grant** -- 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.

**Expected Amount of Monthly Saving:**

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

\_\_\_\_\_

\_\_\_\_\_

**Please respond to the following 2 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.

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 Spring 2021 Application Form by June 4  
To Survivors Recovery Fund  
[survivorsrecovery@gmail.com](mailto:survivorsrecovery@gmail.com)***