**Application Form**

**THE TEAL RIBBON FUND: Supporting Survivors of Sexual Violence**

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**ELIGIBILITY**- In order to be eligible to apply for the Teal Ribbon Fund, the applicant must meet the following criteria:

* The applicant must be a survivor/victim of sexual violence (i.e. rape, sexual assault, sexual harassment, etc.) or a North Carolina service provider for survivors/victims of sexual violence. For a list of our state’s rape crisis programs, please see <https://nccasa.org/get-help/>.
* The applicant must have exhausted all community means and resources available (including resources from the local rape crisis center) before seeking assistance from the Teal Ribbon Fund. Proof of efforts are not a requirement for application, though they may be requested by the Fund Review Committee.

**SPECIFICATIONS**- Funds will be allocated in the following manner:

* Only NCCASA will have access to survivor/victim information. This information will be kept strictly confidential and will not be shared with other agencies, organizations or individuals.
* If the applicant is approved to receive funding, funds will be distributed directly to the company or agency where money is owed.
* This fund provides for immediate crisis needs that arise after and/or as a direct result of a sexual assault. Assistance provided by this fund is not long term or ongoing.
* The fund can provide relief in the areas of survivor/victim support\* and survivor/victim services\*.

\*“Survivor/Victim support” would include, but is not limited to: assistance with housing or relocation expenses, assistance with bills that the survivor/victim cannot pay, or other circumstances related to the assault.

\*“Survivor/Victim services” would include, but are not limited to: care, such as advanced counseling/therapy, or providing a retainer for a civil attorney to assist the survivor/victim.

**CONTACT INFORMATION**- For additional contact information visit the NCCASA website at [www.nccasa.org](http://www.nsvrc.org) or call: 919-871-1015 .

Please send completed application and original bill(s) (or if not available, a copy of the bill(s)) to:

Teal Ribbon Fund

NCCASA

811 Spring Forest Road

Suite 100

Raleigh, NC 27609

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THIS APPLICATION WAS FILLED OUT BY A:

\_\_\_\_ Survivor \_\_\_\_ Sexual Assault Service Provider on behalf of a survivor/victim

\_\_\_\_ Other (please explain below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*About the survivor/victim:*

SURVIVOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE BEST WAY TO CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*About the local service provider:*

PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE BEST WAY TO CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_

Funds will be used for:

\_\_\_\_ Assistance with housing expenses, such as moving or relocation expenses, rent, or utilities

\_\_\_\_ Assistance with bills resulting from the sexual violence perpetration that the victim/ survivor is unable to pay

\_\_\_\_ Assistance with medical expenses

\_\_\_\_ Legal representation

\_\_\_\_ Other (please explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please briefly inform us of other avenues of assistance sought and the responses you received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing this application I am verifying that all the information included in this application is true, to the best of my knowledge:

Signature of survivor/victim (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of local service provider (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_