

Suicide Survivor Fund

A service of Suicide Education & Support Services in cooperation with the Greeley Police Department Victim Advocates

Grant Application Guidelines

Please accept our sympathies on the recent loss of your loved one by suicide. You may be eligible for a grant from the Suicide Survivor Fund and should complete the attached form for consideration.

If you submit the appropriate forms and supporting documents, your application will be considered promptly by our volunteer fund committee. Submitting an application does not guarantee an award as the committee will evaluate all applications in accordance with fund guidelines and availability.

To be eligible for a grant from the Suicide Survivor Fund you must:

1. Be directly financially responsible for payment of qualified expenses which were incurred as a direct result of your loved one's suicide. Qualified expenses may include site clean-up, limited funeral/burial costs, loss of income and mental health services for the surviving family member(s).
2. Understand that a maximum possible award is \$500 per family.
3. Understand that the fund is a payer of last resort and you should first apply for other avenues of payment (insurance, etc) as time allows.
4. Apply for funds within six months of the date of the suicide.
5. Incur expenses in Weld County. You and your loved one need not have resided in Weld County, but the expenses must have been incurred here.
6. Understand that all funds are paid directly to the service provider. We are not able to provide funds to reimburse you for expenses you have already paid.

The Suicide Survivor Fund is made possible by donations. Grant amounts are not loans and do not need to be repaid. However, if you are someday in a position to make a donation to the Fund, it will be greatly appreciated by others who will need help in the future.

Forms should be submitted to Victim Advocates or directly to Suicide Education & Support Services at 3700 Golden Street, Evans CO 80620. If you have any questions, please contact SESS at 970-506-2737.

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Grant Application

Your Name: _____ Daytime Phone: _____

Address: _____ Evening Phone: _____

City, State, Zip: _____

Mailing address, if different: _____

Loved one's Name: _____ Relationship: _____

Date of Death: _____ Location of Death: _____

How did you learn of the Suicide Survivor Fund? _____ Victim Advocate _____ SESS _____ Coroner

_____ Counselor _____ Other: _____

GRANT REQUEST

Please tell us what you would like to receive grant support for. Remember, costs must be a direct result of the suicide.

_____ Site Clean-Up _____ Mental Health Svcs _____ Loss of Income

_____ Other: _____

Please describe to us your need for grant support. Please provide the name(s) and address(es) of service providers along with copies of their invoices and/or contact information:

Are you eligible for other financial assistance in meeting these costs? _____yes _____no

If yes, please check all that apply:

_____life insurance

_____victim compensation

_____social security

_____social services

_____health insurance

_____other: _____

Please tell us anything else you think may be helpful to our committee in considering your request:

Declarations-please read carefully and sign

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any untruthful statements will disallow my eligibility for assistance from the Suicide Survivor Fund. I understand that any award is subject to the approval of the Suicide Education & Support Services Board of Directors and cannot be appealed. I understand that these funds are made possible by donations and do not need to be repaid.

I hereby authorize any hospital, physician, funeral director, municipal authority, employer, union, insurance company, social service agency, Social Security office, therapist, mental health provider or other person, entity or organization to furnish SESS with any information needed to verify my application. A photocopy of this authorization shall be considered as effective and valid as the original.

I certify that I have read and understand and agree to the above statements.

Date

Applicant's Signature

Date

Witness Signature