



**The Broward Victim's Rights Coalition**  
**Rebeca Lee Knox Crime Victim Assistance**  
**Fund Application Form**

Victim Name \_\_\_\_\_ Type of crime \_\_\_\_\_

Date Crime Occurred \_\_\_\_\_ BVRC Referral Name \_\_\_\_\_  
 (Note: Must be a BVRC member in good standing)

Provider/Agency Contact Information (Phone / e-mail address): \_\_\_\_\_

Request within 60 days? Yes \_\_\_ No \_\_\_ if not, please explain: \_\_\_\_\_

- Please provide a detailed description of the amount and purpose of requested funds.
- Please provide documentation of the crime as well as the city it occurred.
- Describe how the need relates to the crime.
- List attempts to secure funding from other sources and outcome(s).
- Provide plan to sustain need after funding is provided.
- If the need is greater than the max of \$500 please explain how the victim will make up the difference.
- Please attach additional sheets if needed, and/or supporting documentation if applicable.

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

Please provide the name and address of payee(s).

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

Amount: \_\_\_\_\_

\_\_\_\_\_  
 BVRC Referral Signature/Date  
 (BVRC Member in Good Standing Only)

\_\_\_\_\_  
 Victim Signature/Date

*By signing this form you are verifying that the information provided is valid to the best of your knowledge. In addition, you consent to the release of this information to the above named payee(s) on your behalf by the BVRC Rebecca Lee Knox Crime Victim Assistance Fund. Please note that receipts will be required for all expenditures.*

Please fax copies of the completed form to the BVRC Fund Committee Chair, Tara Arena @ 954-935-5495 AND to BVRC Recording Secretary Kerry Clarke @ 954-578-6195 / Email: [tarena@margatefl.com](mailto:tarena@margatefl.com)

NOTE: The approval of any request is contingent upon the availability of funds.

==== FOR BVRC USE ONLY ====

Fax Received Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

BVRC Treasurer \_\_\_\_\_ BVRC President/Vice President \_\_\_\_\_

Total Dollar Amount of Items funded (if applicable) \_\_\_\_\_

Committee Chair: \_\_\_\_\_ DATE: \_\_\_\_\_