



The Capital Gazette Families Fund Application

In honor of the *Capital Gazette* victims, colleagues, and their families in Annapolis, MD, the Capital Gazette Families Fund is intended to provide immediate relief and recovery support to individuals directly affected by the tragedy. Grants can be applied to immediate response and long-term relief needs such as grief counseling, trauma counseling, medical expenses, funeral expenses, and other related charitable expenses.

Funding Criteria

To apply, an individual must be an employee or immediate family member of the *Capital Gazette* newspaper who is seeking relief and recovery from the June 28, 2018 mass shooting at the newspaper's office.

Funds are available for:

- Funeral and related expenses
- Grief and trauma counseling
- Medical expenses not covered by insurance
- Temporary or transitional shelter
- Other direct impact needs

All requests must include either an invoice to be paid directly to the business or proof of previous payment along with the service invoice. The severity and urgency of the need will be considered in the disbursement of funds. Additional requests to the list above will be considered on a case-by-case basis and must fall within IRS charitable rules.

All grant applications will be accepted from eligible individuals on a rolling basis. Fund requests will be reviewed within 2-5 business days. Depending on the availability of funds, an individual may apply for subsequent funds after sufficient documentation from a previous disbursement.

Please contact Amy Francis at amy@cfaac.org or 410.280.1102 with questions.

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CFAAC will only accept completed applications in the format outlined below. Please include any invoices or other supporting documentation.

INDIVIDUAL INFORMATION:

Name: _____

Relationship to the Capital Gazette:

Employee _____ Family Member Type (e.g. Spouse, Child) _____

Address: _____

Phone Number: _____ Email: _____

Date of Request: _____ Amount Requested: _____

REIMBURSEMENT INFORMATION

Please use additional pages as necessary and include the information below for multiple receipts.

Name/Business: _____

Address: _____

Phone Number: _____

Check Payable to (if different than business name):

1. Describe the specific purpose for which this grant is requested. Please identify the emergency need(s) or type of emergency need(s) being met. _____

2. Please provide other information you deem relevant to your request. _____

Please scan and e-mail completed applications and invoices to Amy Francis, amy@cfaac.org, fax to 410-280-1104 or mail to CFAAC, 914 Bay Ridge Road, Suite 220, Annapolis, MD 21401.