

# The Marquan H. Foxx Funeral Support Fund

## Program Application

This application can be used to submit a request for financial assistance for eligible funeral expenses. Prior to applying, we **STRONGLY** recommend reviewing the Program Guidelines, Eligibility and Terms and Conditions. These documents, along with an electronic version of the application that can be submitted online, can be found online at [www.marquanfoxxfund.com](http://www.marquanfoxxfund.com). Complete all questions.

### Section I. Applicant Information

In this section tell us about you, the applicant filling out this application. Please double-check all contact information to ensure it's accurate. We will use the contact information in this section to get in touch with you about your request.

<b>First Name</b>	<b>Last Name</b>
<b>Best Phone Number to Reach You</b>	<b>E-Mail Address</b>
<b>Your Street Address</b>	<b>City</b>
<b>State</b>	<b>Zip Code</b>

### Section II. Relative Information.

In this section, provide us with some information on your relative that passed away.

<b>Name of Relative</b>	<b>Relative's Last Known Address</b>
<b>What was your relationship to the person? (Select One)</b> <input type="checkbox"/> Your Parent (Mother/Father) <input type="checkbox"/> Your Spouse (Husband/Wife) <input type="checkbox"/> Your Grandparent <input type="checkbox"/> Your Child (Son/Daughter) <input type="checkbox"/> Your Sibling (Sister/Brother) <input type="checkbox"/> Your Aunt/Uncle <input type="checkbox"/> Your Niece/Nephew <input type="checkbox"/> Other _____	<b>Provide the date your relative died</b>

<b>Was violence/gun violence that cause of your relative's death? (Check One)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Did your relative die in an incident in West/Southwest Philadelphia</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a DC number from a Police Report on your relative's death?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If you do have a DC Number, provide it below</b>  DC# _____
<b>What was your relative's age?</b>	

### Section III. Funding Request

In this section tell us about the funeral expenses/eligible expenses that you are applying for financial assistance to help with. Review the full guidelines before applying at [www.marquanfoxxfund.com](http://www.marquanfoxxfund.com) for the full list of eligible expenses.

The Marquan Foxx Funeral Support Fund can only be used to fund eligible funeral-related expenses listed in the program guidelines. These expenses include:

- Cremation Services
- Casket or Urn Purchase
- Printing/Design of a funeral program
- Purchase of a Burial Lot
- Costs for Funeral or Repass Venue
- Fees for obtaining copies of a death certificate
- Costs associated with grief counselling (up to 3 months after the loss)

<b>Are you applying for financial assistance for an eligible funeral-related expense?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What is the total dollar amount you are requesting?</b> Note - the maximum grant this fund will provide is \$1,000.00 per family  \$ _____
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<p><b>If awarded, how would you like funds to be distributed?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Direct Pay</b> – You request the Fund to pay eligible bills directly to the vendor/payee</li> <li><input type="checkbox"/> <b>Reimbursement</b> – You will pay the bill/invoice directly and request the Fund reimburse you.</li> <li><input type="checkbox"/> <b>Combination of Both</b> – You will submit both bill(s)/invoice(s) and receipts with the Fund making some payments via Direct Pay and some via Reimbursement.</li> </ul>	<p><b>For Direct Pay Distributions</b> – You will be required to submit a bill or invoice to us for an eligible expense. The Fund will send a check directly to the vendor or payee.</p> <p><b>For Reimbursement Distributions</b> – You will be required to submit a receipt showing that you paid an eligible expense – the Fund will then send you a check to reimburse the cost.</p>
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#### Section IV. Additional Demographic Information

This section asks a little more about you, the applicant filling out this application.

<p><b>How did you hear about the Fund?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>West Philadelphia Corridor Collaborative E-Mail</b></li> <li><input type="checkbox"/> <b>Another Community Organization</b></li> <li><input type="checkbox"/> <b>Funeral Home</b></li> <li><input type="checkbox"/> <b>Philadelphia Police Department</b></li> <li><input type="checkbox"/> <b>Ward Leader</b></li> <li><input type="checkbox"/> <b>Other</b> _____</li> </ul>	<p><b>What is your gender identity?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Male</b></li> <li><input type="checkbox"/> <b>Female</b></li> <li><input type="checkbox"/> <b>Non-Binary</b></li> <li><input type="checkbox"/> <b>Prefer Not to Say</b></li> </ul>
<p><b>What is your age?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>0 – 12 Years Old</b></li> <li><input type="checkbox"/> <b>13 – 17 Years Old</b></li> <li><input type="checkbox"/> <b>18 – 24 Years Old</b></li> <li><input type="checkbox"/> <b>25 – 34 Years Old</b></li> <li><input type="checkbox"/> <b>35 – 44 Years Old</b></li> <li><input type="checkbox"/> <b>45 Years or Older</b></li> </ul>	<p><b>What is your race?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Black/African-American (Non-Hispanic)</b></li> <li><input type="checkbox"/> <b>Asian</b></li> <li><input type="checkbox"/> <b>Hispanic (Black or White)</b></li> <li><input type="checkbox"/> <b>White (Non-Hispanic)</b></li> <li><input type="checkbox"/> <b>Native American/Pacific Islander</b></li> <li><input type="checkbox"/> <b>Two or More Races</b></li> <li><input type="checkbox"/> <b>Prefer Not to Say</b></li> <li><input type="checkbox"/> <b>Other</b> _____</li> </ul>

#### Attachments

Attach to this application any receipts for eligible expenses that you are applying for reimbursement, or copies of bills/invoices that you are requesting the Fund to pay directly.

**LEGAL DISCLOSURE**

By submitting this application, you agree to the Terms and Conditions of the Marquan Foxx Funeral Support Fund. You acknowledge that submission of this application alone does not guarantee funding, and an application is not considered complete unless the Fund has received a completed application with any required attachments.

☐ **I accept Terms and Conditions**

**Submitting the Application**

You can submit this application by scanning it and e-mailing it to [karina.hill@westphillycc.org](mailto:karina.hill@westphillycc.org)

OR

Mail the paper application to:

ATTN: Diamonique Robinson  
Marquan Foxx Funeral Support Fund  
P.O. Box 42895  
Philadelphia PA 19101