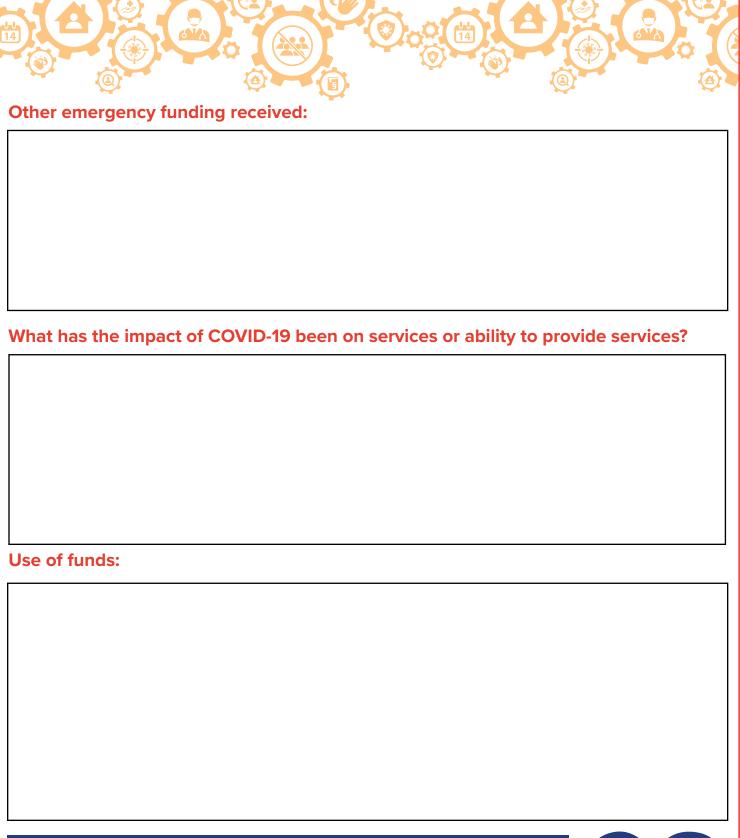


COVID-19 COMMUNITY COMPASSION FUND





Organization name:	
Address:	
County:	
Service Area:	
Executive Director/Contact:	
Name	
Phone	
Email	
Employer Identification Number:	
Amount of request:	Number to be served:
Is this request a30 day60 day _	90 dayother?



For any questions or to submit the fund application please email:

relief@greaterheartlandfund.org

