



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 a ___30 day ___60 day ___90 day ___other?

Continue to the next page.



Other emergency funding received:

What has the impact of COVID-19 been on services or ability to provide services?

Use of funds:

**For any questions or to submit the fund application
please email:
relief@greaterheartlandfund.org**

