HARRISBURG COMMUNITY FOUNDATION

BUILD | INSPIRE | ENGAGE

COVID-19 Pandemic Emergency Relief Fund Request

All information provided is kept confidential.

Date:

Name: Phone:

Address: Email:

Amount Requested*:

Purpose or Need for Request:

How has COVID-19 affected you?

Referred by:

Email: Phone:

**Funds will be awarded on a discretionary basis by the committee based on the number of applications and amount raised.*

INTERNAL USE

Reviewer 1: Approval Date:

Reviewer 2: Approved Amount:

Approved: YES ☐ NO ☐ Disbursement Method: