



**California Indian Manpower Consortium, Inc.**

**COVID-19 RESPONSE PROJECT**

738 North Market Boulevard

Sacramento, California 95834

(916) 920-0285 | TTY (800) 748-5259 | Fax (916) 641-6338

**COVID-19 APPLICATION**

**Please complete one application for each household.**

**CONTACT INFORMATION**

Tribe/Organization:	
Tribe/Organization Contact person:	

**HOUSEHOLD INFORMATION** (Please type or print clearly)

Applicant(s):	
Mailing Address:	
Email Address:	
Telephone No.:	

Household Size: \_\_\_\_\_

Please check type(s) of assistance needed.

- \$75.00 Grocery Card
- \$50.00 Gas Card – Preferred Name on Check: \_\_\_\_\_
- 3 months of Internet Service (Please attach current invoice.)

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Application to CIMC by \_\_\_\_\_.**

Send applications by email to [seabazew@cimcinc.com](mailto:seabazew@cimcinc.com) or by fax to (916) 641-6338.