



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 or by fax to (916) 641-6338.