



California Indian Manpower Consortium, Inc.
COVID EDUCATION RECOVERY PROJECT
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COVID EDUCATION RECOVERY PROJECT APPLICATION

The CIMC Covid Education Recovery (CER) Project provides assistance to students ages 5 to 24 years old whose education have been negatively impacted by the COVID-19 pandemic. Education services may include the following: improve grades in a specific subject, tutoring services, attain GED/High School Diploma and meet National/State educational standards in chosen subjects.

- Application
- Proof of residence
- Household income verification for the past 6 months
- Proof of age
- Additional Documents (as needed)
- ✓ Submission of an application does not guarantee that services will be provided.
- ✓ Documents are reviewed to verify information. Transcripts and vaccination records may be requested.
- ✓ CER services may be denied if information provided is false, misleading, or withheld.

RELEASE OF INFORMATION AUTHORIZATION:

I certify by signing this sheet that I have read and understand the above information and hereby give the CIMC CER Program authorization to obtain any and all required information in order to complete my application process for assistance.

Applicant/Parent or Guardian Signature: _____ Date: _____

Applicant Printed Name: _____

CIMC USE ONLY

Applicant Eligibility: *Check all that apply.*

- Located in the CIMC geographic service area 5 to 24 years of age
- Meets the low-to-moderate household income threshold 504 IEP
- Provide a copy of transcripts Education negatively impacted due to COVID-19 Pandemic

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APPLICANT INFORMATION

Please type or print clearly.

Mr. Ms. Other _____

First Name:

MI:

Last Name:

Jr, Sr. III, etc:

Date of Birth:

Tribal Affiliation:

Residence Address:

City:

State:

Zip Code:

Email:

Telephone:

Annual Household Income:

Number of Persons in Household:

EDUCATION INFORMATION

Please type or print clearly.

Last Grade Completed:

Are you currently in school? Yes No

If yes, please provide the name of current school:

City:

State:

Zip Code:

Address:

Telephone:

County:

School Contact Person:

Email:

Telephone:

Type of School: Private Public Home School Other _____

LMI HOUSEHOLD INCOME QUALIFICATION

Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure.

Total Household Income anticipated during the next 12 months

Name <i>List all household members, including yourself.</i>	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income
		Head of Household	Co-Head of Household	Full-Time Student 18 yrs. or older		
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
Total Anticipated Annual Household Income:					\$	

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Describe in detail what happened that caused your need for assistance. Was this a COVID-19 related emergency?

What education services are you interested? (i.e. tutoring services, attain GED/High School Diploma, improve grade in subject):

Are you related to any CIMC staff or CIMC Board of Directors?

I certify by signing this application that all information given is true and accurate to the best of my knowledge. I am aware that giving false/misleading information is considered perjury and may be subject to prosecution. I understand this application must be accompanied by verification of income, residency, and proof of age. Also, by signing this application, I hereby give permission to the CIMC CER Project to verify and obtain any information needed for the processing of this application.

Applicant/Parent or Guardian Signature: _____ Date: _____

Applicant Printed Name: _____

Duplication of Benefits Agreement

A duplication of benefits (DOB) occurs when a person and or household receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Please initial next to each statement and sign below to confirm that you acknowledge this agreement.

_____ I understand that as a requirement of receiving services for the COVID Education Recovery Project, I agree to repay assistance that is determined to be duplicative. A copy of the “CARES Act Programs through SBA, FEMA, IRS, Treasury, USDA, and HHS for CDBG Grantees’ Awareness for Duplication of Benefits” has been provided for your review.

_____ I have read the Duplication of Benefits policy and agree to pay back all funds found within a duplication of benefits from other funding I have received for that expense.

_____ I affirm that all information provided on the application is true and that the subrecipient has read and understands the duplication of benefits policy.

Subrecipient Signature

Date