## New Creatures-in-Christ Ministries, Inc. ARPA Grant Application

Name of Applicant:		
Address (street, city, state):		
Telephone number:		
Total number of family members:	Numb	er of Children
Were you impacted by COVID-19:		
Lost wages		
Reduced wages		
Increased medical bills.		
Increased childcare expenses	<b>5.</b>	
Request for Utility Assistance: \$	Name of Ut	tility Company
Request for Emergency Shelter:	No. of Days	Hotel Name:
Evicted:Yes	No	
Type of Employment Support:		
Transportation Assistance (gas cards, UBE	R cards, Lyft Cards)	
Remote work employment assistance (Refu	urbished Chromebook o	or laptop)
<del></del>		Adult/Child First Aide Training, Adult/Child CPR gital Literacy Training courses, Home Health Aide
Childcare assistance so you can work (limit	ied)	
Transportation to job fairs, interviews, and i	nterview clothes	
CDL classes and license		
Initial fees to become UBER/LYFT driver.		
Other employment support		
ApprovedE	Denied	
Signature:	Date:	