**Transgender and Gender Diverse Wellness and Equity Grant Cover Page**

**Organization Information**

|  |  |
| --- | --- |
| **Name of Organization:** |  |
| **Organization EIN number:** |  |
| **Organization website:** |  |
| **Organization address (include city, state, zip):** |  |
| **Primary Contact Name:** |  |
| **Primary Contact Phone:** |  |
| **Primary Contact Email:** |  |
| **Secondary Contact Name:** |  |
| **Secondary Contact Phone:** |  |
| **Secondary Contact Email:** |  |
| **Primary Fiscal Contact Name:** |  |
| **Primary Fiscal Contact Phone:** |  |
| **Primary Fiscal Contact Email:** |  |
| **Executive Director/CEO Name:** |  |
| **Executive Director/CEO Phone:** |  |
| **Executive Director/CEO Email:** |  |

**Funding Allocation**

|  |  |
| --- | --- |
| **Which type of funding are you applying for?** | [ ]  Capacity Building: Continuous Funding[ ]  Healthcare Navigation Specialists[ ]  Capacity Building: One-Time Funding |
| **Select the region you are applying for funding in.** *If you are applying for funding in multiple regions, you must complete a separate application for each region*: | [ ]  Region 1[ ]  Region 2[ ]  Region 3[ ]  Region 4[ ]  Region 5 |
| **Amount Requested?***Requests must not exceed the amount indicated for the respective region organization is applying for:*  |  |