



# Transgender and Gender Diverse Wellness and Equity Grant Cover Page

## Organization Information

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



## Funding Allocation

<p><b>Which type of funding are you applying for?</b></p>	<p><input type="checkbox"/> Capacity Building: Continuous Funding  <input type="checkbox"/> Healthcare Navigation Specialists  <input type="checkbox"/> Capacity Building: One-Time Funding</p>
<p><b>Select the region you are applying for funding in.</b>  <i>If you are applying for funding in multiple regions, you must complete a separate application for each region:</i></p>	<p><input type="checkbox"/> Region 1  <input type="checkbox"/> Region 2  <input type="checkbox"/> Region 3  <input type="checkbox"/> Region 4  <input type="checkbox"/> Region 5</p>
<p><b>Amount Requested?</b>  <i>Requests must not exceed the amount indicated for the respective region organization is applying for:</i></p>	