



# 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>Amount Requested?</b>  <i>Requests must not exceed the regional cap outlined in the NOFO.</i></p>	<p>FY25:  FY26:</p>
<p><b>Summary of Project</b>  <i>Please provide a 50-to-75-word description of the activities you propose for this project. This summary may be used during application review and if funded will be published on PHIMC's website.</i></p>	
<p><b>Estimated Number of People Served</b>  <i>Please provide an estimated number of people who will be served by the proposed project.</i></p>	