

DJC Fund Grant Application

Instructions: Please answer all questions as honestly and the best as you can. If you need assistance, please call us at 701-630-6838. If you are completing this application for a minor, please provide their information and complete the parent/guardian permission form.

Legal Identification Information

The following questions may seem intrusive, but they are necessary so that we can identify you in our system. Additionally, we will ask for your legal name so that we can be sure that if your grant application is approved, we can ensure you can deposit your check. We will not share your legal name nor use it in our correspondence with you.

Last 4 Digits of Your Social Security Number:

For identification purposes only

Date of Birth: / /
MM DD YYYY

Your Legal Name:
Last First

Your Information

Please tell us who you are.

Your Name:
Last First MI

Pronouns:

Address:
Street City/State ZIP Code

Phone Number: (.....)-..... Email:

How may we contact you: By mail By phone By email Can we leave a voicemail message?

Special instructions about contacting you:
.....

Grant

Please tell us which grant you are applying for.

Dignity Grant legal name change **Justice Grant** begin HRT **Courate Grant** affirming surgery assistance

Jurisdiction where you live US state, territory, or tribal nation.....

Grant Eligibility

Certain requirements must be met for you to meet eligibility for your grant. These requirements exist to make sure we can provide grants to those who need them most. Please check all requirements you meet.

Resident of a US State, Territory, or Tribal Nation for the past 30 days

Some grants require you live in specific states, territories, or tribal nations. Verify specific requirements before you check this box.

VERIFICATION: Please attach a photocopy of your legal, non-expired picture identification (e.g., driver's license, ID card) which includes your name and address OR two alternate identification documents (e.g., two utility bills including your name and address).

Demonstrated financial need

We define demonstrated financial need as a household making less than a living wage. We define household as a family unit where a person's identity is accepted by the primary breadwinner (e.g., the people providing primary economic support for the unit). So, if you live in a family unit of 5, but the primary breadwinners in the unit do not affirm your gender identity, you would be considered living in a family unit of 1.

To determine your living wage, visit this website: <http://livingwage.mit.edu/>

Note. For a family unit with more than five people, we consider making a living wage for a family with five people as our "poverty line"

VERIFICATION: Please attach a photocopy of your two most recent pay stubs OR provide verification that you are currently receiving Federal, state, or tribal welfare assistance.

Submission of required essay

Submit the essay required by your grant.

Attend a mentorship meeting

During this one-on-one, phone or video chat meeting, a program officer will talk to you about the grant and the process which the grant will pay for you to undergo. You will come up with a plan which will guide how you will use the grant. Please check this box if you are willing to attend this meeting.

Provide verification of fund use

Each grant requires that you use the funds in the manner specified within a certain time-period. To verify you have used the grant as agreed upon, you will be required to provide documentation. Check your grant to see what verification documentation is required and check this box if you are willing to provide this documentation.

Release of information

We would like to provide the sponsor of your grant with an update on who received the grant and that they have completed the process the grant covered. Additionally, certain grants with essay requirements stipulate the essay be published in our magazine, *Pathways*. We do this because we want to humanize the process of transition. To protect your privacy, we will only share as much information you are comfortable with us sharing. If you are willing to agree to this release of information, please check this box and indicate what we can share about you below.

Identification: Full name First name only Basic description (age, gender identity)

Grant: Grant name Just that I received a grant

Essay: You may publish it

If you can check all of these boxes, then you meet eligibility requirements for this grant. Your verification documentation shall be checked by the assigned program officer. Meeting eligibility requirements does not guarantee you will be awarded a grant.



Personal narrative

Each grant has a required narrative. Review the grant requirements, and use this space to provide the required narrative. You do not need to write more than will fit on this page. If you'd prefer to record your essay as a video or audio recording, you may do so.

Agreement

For this application to be accepted, you must agree to the following terms and conditions. If you agree, please sign the bottom of this form with your signature (does not have to be your legal name).

Eligibility requirements shall be established and enforced to ensure funds remain available for individuals in need. Grants shall be awarded to applicants who meet the following eligibility requirements: they must meet grant-specific residency requirements and have done so for a minimum of thirty days, they must have demonstrated financial need as defined by making less than a living wage in their state of residence, and they must complete a must complete a phone, video, or in-person interview with the program officer. Grant applicants must provide the last four digits of their social security number for identification purposes.

- To determine residence eligibility, the applicant must provide the following documentation: a photocopy of a non-expired driver's license, state-issued ID, tribal ID, student ID, or utility or other bill demonstrating residence in the appropriate jurisdiction.
- To determine demonstrated financial need, the applicant must provide a copy of their most recent pay stubs or proof of state or tribal welfare eligibility.
- Applicants who have not met the age of majority in their jurisdiction of residence must have their legal guardian complete the application process with them.
- **Dignity Grant:** Grant awardees must provide proof of completing their legal name change by providing a photocopy of their updated driver's license within sixty days of completing their legal name change. Awardees who fail to provide proof of completing their name change may be required to repay the grant and/or may be prohibited from applying for additional grants from the Fund.
- **Justice Grant:** Applicants must schedule their first hormone appointment and report the name and contact information of the provider to their program officer within six months of their award date. A doctor's note from the reported provider must be provided within sixty days of the appointment. Awardees who fail to provide proof of completing their name change may be required to repay the grant and/or may be prohibited from applying for additional grants from the Fund. A sixty-day extension may be provided if the appointment must be rescheduled.
- **Courage Grant:** Awardees must schedule their surgery within one year of their award date. Awardees must report the name and contact information of the provider to their program officer within six months of their award date. Awardees should provide their program officer with a copy of their doctor's note. Awardees who fail to provide proof of completing their surgery may be required to repay the grant and/or may be prohibited from applying for additional grants from the Fund. A six-month extension may be provided if the surgery must be rescheduled.
- Applicants who receive a grant or award from the Fund may not apply for the same grant or award again.

In signing below, I certify that a) I am the person I claim to be, b) the information provided herein is accurate to the best of my knowledge, and c) agree to the terms and conditions outlined above.

.....
 Signature – *parent or guardian if this application is for a minor* [] (Please complete the Parent/Guardian Permission Form)

Date / /
 MM DD YYYY

Office Use Only

Jurisdiction Assigned PO [] Approval [] Waitlist Position
 [] Rejection Reason Decision Date / /
 Fund Use Date / / [] Check [] PayPal Email
 Amount: \$.....
 [] Residency [] Financial Need [] Essay [] Meeting / /
 [] Verification Documents.....
 [] Identification Release..... [] Grant Release.....
 [] Essay Release.....

Parent/Guardian Permission Form

Please complete this form granting permission for your child or ward to participate in a Foundation program.

I, (print name) the parent / guardian (circle one) of
..... (legal name), known to this Foundation as (preferred
name) hereby grant permission for the same to participate in the following programs sponsored by the Foundation:

- Volunteer
- Internship
- DJC Fund Grant (application/receipt of funds)
- Pathways (creative content release)
- Other.....

My Legal Name..... Preferred Name.....

Address..... City/State/ZIP.....

Phone Number: (.....)-..... Email:

Please list any allergies, medical needs, or restrictions you'd like for us to be aware of.....
.....
.....

Minors may seek volunteer assignments and participate in Foundation programs but must have a parent or adult guardian sign a written permission form. Adult guardian is defined as a person having reached the age of majority who is of an age and maturity to, in good faith, ensure that the rights of the minor are protected and they are not at-risk for harm resulting from volunteering with the Foundation.

In signing below, I certify that a) I am the person I claim to be, b) the information provided herein is accurate to the best of my knowledge, and c) agree to the terms and conditions outlined above.

.....
Signature

Date / /
MM DD YYYY



Mail this application and required documentation to:

Darcy Jeda Corbitt Foundation
Attn: Grant Processor
P.O. Box 942
Fargo, ND 58107

Incomplete applications without required documentation will be discarded.