**Organization Name:**

***Instructions for completing Appendix 3a:***

1. *Please enter Organization Name above.*
2. *Please use the table below to specify how Proposer meets the Minimum Qualifications listed below. Please add additional tables as needed.*

**Minimum Qualifications**

Applicant(s) must demonstrate that they meet all of the Minimum Qualifications (MQs):

* 1. Proposer must demonstrate at least three years of experience providing support services to TGNCI+I individuals.

|  |  |
| --- | --- |
| Prior or Current Program Name |       |
| Funder Name |       |
| Funder Contact Name |       |
| Funder Contact Title |       |
| Funder Contact Email Address |       |
| Start and End Dates of Services |       |
| Briefly describe how Applicant meets this Minimum Qualification: |       |