Organizational Support Form

#### Addressing the Impact of FOSTA-SESTA on

#### US Sex Workers

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| Group/coalition name |  |
| Group/coalition address |  |
| Application contact(s). Please also specify the contact(s) pronouns |  |
| Application term (up to two years) |  |
| Total group/coalition operating budget in 2018 |  |
| Is your group/ coalition a 501(c)3 charitable organization (Yes/No)? |  |
| Does your group/coalition have an organizational bank account or fiscal sponsor (Yes/No)? |  |

1. What are the primary challenges to realizing the health and human rights of sex workers in your context, and how do you anticipate that sex workers will be impacted by FOSTA-SESTA?
2. What are your group’s/coalition’s primary goals and objectives? What do you consider your group’s/coalition’s greatest success(es) in relation to these?
3. How does your organization or coalition engage/plan to engage in litigation efforts to challenge FOSTA-SESTA? And/or how do you compliment/plan to compliment the litigation efforts of others to advance the health and human rights of sex workers?
4. Who are your group’s/coalition’s key partners and how do you work together? (A bullet point list is sufficient)
5. In what ways are sex workers, trans people, and people of color involved in the governance and/or leadership of your group/coalition?
6. Please share the contact information for up to two individuals who can serve as references for your work. Please specify your group/coalition’s relationship with this/these individuals.