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**RAPID RESPONSE GRANT APPLICATION**

**APPLY FOR A GRANT**

1. Apply **online** at <http://urgentactionfund.org/apply-for-a-grant/apply-online/>; **OR**
2. Apply by **email, post or fax**. Please send the application to our office via the email, postal address or fax number below:

**E-mail:** [proposals@urgentactionfund.org](mailto:proposals@urgentactionfund.org)

**Encrypted E-mail (for more secure transmission):** [urgentactionfund@hush.com](mailto:urgentactionfund@hush.com) (You will need to create an account at www.hushmail.com)  
**SMS/text message:** +1 415-496-6365  
**Office phone:** +1 415-523-0360  
**Postal address:**660 13th Street, Suite 200  
Oakland, CA 94612 USA

1. In emergency situations, you may also apply via phone, Skype or text.

**UAF FUNDING CRITERIA**

**Please take time to review our funding criteria below to determine if you are eligible for funding.**

UAF was established to provide support to **women and trans\* human rights defenders/activists** or **organizations led by women or trans\* activists** when an **unexpected** situation arises that requires an **immediate and time-urgent** response to uphold human rights. We provide Rapid Response Grants in two situations:

1. **Security Grants** - The **safety and** **security** of women or trans\* human rights defenders/activists/organizations is threatened due to their human rights work.
2. **Opportunity Grants** - An **unexpected moment or opportunity for advocacy or mobilization** that may result in advancements for women’s and LBTQI’s rights, such as changes in legal decisions, policy and laws, or a shift in public attitudes and practices in their local context.

**UAF’s grants do not exceed $5,000 USD, and grants are generally for up to 3 months.**

UAF’s grantmaking can complement traditional donor funding in cases of crises, emergencies, or opportunities that are **not expected or predictable**, and when **funding is needed immediately** to address the current situation.

**We do not fund:**

* **Individual requests without an organization or network affiliation**
* **Cisgender[[1]](#footnote-1) male-led organizations or networks**
* **Natural disaster relief**
* **Humanitarian aid**
* **Annual operating costs (rent, salary, overhead costs)**
* **Bridge/Gap funding**

**Approval Process:** UAF’s grantmaking is informed by our country and regional advisors (and trusted contacts) on whom we rely on for assessment of recommended applications. Final decisions are communicated to applicants after we have received endorsements from advisors, UAF peer networks, or references provided by the applicant.

**Confidentiality note:** The proposal will only be shared with regional and country advisors, or UAF’s trusted contacts as needed. We respect and value the privacy and confidentiality needs of our partners, particularly in contexts where security is a concern.

**SECTION I - CONTACT INFORMATION**

**1. Contact Information of Individual or Organization/Network Applying (or a Sponsor)**

1A. Name of the person making the request

1A1. First Name

1A2. Last Name

1B. Name of Organization/Network Affiliation (An organization or sponsor is required to be eligible for funding)

1C. Title of Position

1D. Mailing Address

1E. City

1F. State/Province (if applicable)

1G. Postal Code (if applicable)

1H. Country

1I. Phone

1J. Email

1K. Website (if applicable)

1L. Social Media (If applicable, your organization’s Facebook, Twitter etc. if you would like to provide them)

**2. Organization/Network Mission and Goals**

**Organization:** Please describe the organization or network's mission and goals.

**3A. Are you making this request for yourself or your organization, or on behalf of someone else/other organization?**

\_\_\_ For myself or my organization (if check, please skip question 3B)

\_\_\_ On behalf of another individual or organization (if check, please fill out question 3B)

**3B. If you are making this request for an individual other than yourself or for another organization please write the name of the person, organization or network below**. *(Please skip this question if you are NOT filling this application for another person, organization or network.)*

|  |  |
| --- | --- |
| **On Behalf of an Individual Recipient** | |
| **Individual Name** |  |
| **Individual Email** |  |
| **Individual Phone** |  |

**OR**

|  |  |
| --- | --- |
| **On Behalf of a Recipient Organization or Network** | |
| **Name** |  |
| **Contact Person** |  |
| **Email** |  |
| **Phone** |  |

**4. Key Decision-Makers and Gender Composition**

**Who are the main decision makers in your organization/network?**

Contact 1

* Name:
* Title/Position in Organization:
* Gender Identity:

Contact 2

* Name:
* Title/Position in Organization:
* Gender Identity:

*Please list other names if you need more space.*

**5. References/Endorsers**

**Please provide names and contact information for at least two references who can endorse your work. *We suggest that you inform them so they can provide a timely response.***

Contact 1

* Name:
* Organization/Network Affiliation:
* Relationship to applicant (how do you know this person):
* Contact email:
* Contact phone:

Contact 2

* Name:
* Organization/Network Affiliation:
* Relationship to applicant (how do you know this person):
* Contact email:
* Contact phone:

**6. Donor Support**

**If applicable, please list 1-2 current or previous funders (in the last two years) and their contact information.**

Funder 1

* Name:
* Donor agency:
* Contact email:
* Contact phone:

Funder 2

* Name:
* Donor agency:
* Contact email:
* Contact phone:

**7. Method of Referral to UAF**

**How did you learn about Urgent Action Fund? Please check all that apply. (There will be a drop-down menu online.)**

\_\_\_ Internet search/UAF website

\_\_\_ Social media

\_\_\_ Email lists/groups

\_\_\_ Received UAF funds/grants before (UAF grantee)

\_\_\_ Applied before but did not receive funding (non-UAF grantee)

\_\_\_ UAF advisor

\_\_\_ UAF staff

\_\_\_ UAF grantee

\_\_\_ Colleagues/peers

\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II. DETERMINING THE TYPE OF GRANT REQUEST**

**Types of Rapid Response Grants**

UAF makes two types of grants (or a combination of these two requests).

1. **Security Grants** - Protection and security of women and trans\* human rights defenders/activists (who are affiliated with an organization, network or coalition), or women- or trans\*-led organizations whose primary focus is to defend and advance women’s and LBTQI’s human rights. The person or organization is experiencing a threat in defending or advancing human rights, and the situation has an element of an emergency and urgency.
2. **Opportunity Grants** – Advocacy and mobilization activities in response to an unexpected situation/event that has the potential to advance and protect women’s and LBTQI’s human rights.

**There are two sections below for security and opportunity requests. Please review the guiding questions in each section first. The guiding questions will help you determine if you should apply for a Security or Opportunity Grant.**

* **PLEASE DO NOT FILL OUT BOTH SECTIONS.**
* **Based on your responses to the guiding questions in each section, please fill in only ONE of the sections below - EITHER Security OR Opportunity - that is the most appropriate for your request.**
* **NOTE: If your request has both Security and Opportunity components, please fill in only one section. Select the section that best reflects your current situation.**

|  |  |
| --- | --- |
| **SECTION FOR SECURITY REQUEST**  *(Please skip this section if you are applying for an Opportunity Grant)* | |
| ***GUIDING QUESTIONS: These GUIDING questions will help you determine if you should complete the Security Grant request. If you answered YES to any of the GUIDING questions below, please fill out questions #1-8 in the SECURITY REQUEST section below.***   * Are you (and/or family, colleagues/staff members, organization) currently experiencing threats, attacks, or imminent danger to your health or life due to your human rights activism? * Are you requesting funds to relocate or evacuate to a safe location? * Are you requesting funds to increase security measures at your office or home (infrastructure, unarmed security guards, digital security technology)? * Are you requesting funds for security training or long-term planning to develop security-related policies for your organization/network and staff members? * In addition to any of the above security measures, are you requesting funds for legal support, support while in detention, rehabilitation (psychological or trauma support), family support, or other support not mentioned above? * Are you requesting funding for other activities (such as advocacy) that are not listed above, but will be combined with security measures proposed? | |
| **SECURITY REQUEST QUESTIONS (REQUIRED RESPONSES)** | |
| **1.** | Please briefly describe your activism (or the person/organization you are applying on behalf of) in advancing or protecting women’s and LGBTQ’s human rights. |
| **2.** | Please describe the risks and threats, and by whom. |
| **3.** | What is the event or situation that has prompted you or your organization to make this request?  When did this event occur? (If available, please attach links to reports, news articles, or media coverage on this event) |
| **4.** | Was this an unexpected situation? Please explain. |
| **5.** | 1. Please check below the specific activities proposed to reduce the risks and threats you are facing. Please note if you are including family/companions in your strategy.  \_\_Digital security training  \_\_Evacuation/relocation (i.e. travel costs, rent, living expenses)  \_\_Family support: Please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_General security training  \_\_Legal assistance  \_\_Long-term security planning  \_\_Support while in detention  \_\_Rehabilitation or medical care/treatment  \_\_Wellness and self-care counseling (e.g. trauma/psychological counseling) and/or training  \_\_Transportation security  \_\_Security infrastructure (video cameras, alarm system, bars, gates, cyber-security system, etc.)  \_\_Unarmed security guards  \_\_Other: Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6.** | Are you requesting funding for other activities (such as advocacy) that are not listed above, but will be combined with security measures proposed? If yes, please describe. (Examples: awareness-raising, advocacy, networking, campaigning, protests, other non-security related activities).  *If no, please skip this question.* |
| **7.** | What is the timeline for the proposed activities? |
| **8.** | If funded, what results do you hope to expect? |

**Please move to Sections III and IV: Budget and Confidentiality Sections, if you are done filling out the Security Request Section**

**OR**

**If you have NOT filled in Security Request Section above, please fill in the Opportunity Request Section on the next page, along with Sections III and IV: Budget and Confidentiality.**

|  |
| --- |
| **SECTION FOR OPPORTUNITY REQUEST**  *(Please skip this section if you are applying for a Security Grant)* |
| ***GUIDING QUESTIONS: These GUIDING questions will help you determine if you should complete the Opportunity grant request. If you answered YES to any of the GUIDING questions below, please fill out questions #1-7 in the OPPORTUNITY REQUEST section below.***   * Will your proposed action(s) respond to a time-sensitive and critical opportunity to advance or protect women’s and LBTQI’s human rights? * Is your proposed action(s) in response to an “unexpected” situation that requires an “urgent” response, immediate advocacy, legal, or direct action to advance women’s and LBTQI’s human rights? * Do the proposed activities’ outcomes have the potential to advance women’s and LBTQI’s human rights? |

|  |  |
| --- | --- |
| **OPPORTUNITY REQUEST QUESTIONS** | |
| **1** | Please briefly describe your activism in advancing or protecting women’s and LBTQI’s human rights. |
| **2.** | What is the critical opportunity to influence policy, legislation, legal decision, or shift public attitudes that advance or defend women’s and LBTQI’s human rights? Why is it urgent now to respond immediately (and cannot be delayed)? |
| **3.** | Was this an unexpected opportunity? |
| **4.** | Why is funding needed now to make this response an opportunity for advancing women's and LBTQI’s human rights? |
| **5.** | Please describe your request for immediate funds. |
| 1A. What is your timeline for the proposed activities? |
| 1B. Please describe the specific activities proposed. |
| 1C. What are the results/outcomes you expect from your actions*?* |
| **6.** | What capacities and strengths do you have that will help you successfully carry out this action? |
| **7.** | If applicable, what other local partners are you engaging with or planning to engage with in this intervention. How will you engage with them? |

**SECTION III. BUDGET REQUEST**

1. What is the amount of the request? Please indicate the currency that you are using.

2. How will the money be used? Please provide an itemized budget using the table below. **Note: UAF makes grants up to $5,000 USD.**

|  |  |
| --- | --- |
| **Budget Items** | **Cost (in currency used)** |
| Example: Lawyer’s fee | $3,000 USD |
| Example: Printing leaflets | $500 USD |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **$3,500 USD** |

3. Besides seeking UAF funding, what other sources of support are available for this effort?

**SECTION IV. CONFIDENTIALITY**

1. Would you like this request to remain confidential?

\_\_\_Yes

\_\_\_No

\_\_\_Partial, please explain.

If you marked “Yes”, **UAF will not disclose individual names and contact information to any party outside of the organization *(except during our approval process as we consult with UAF’s advisors and trusted contacts).***

1. A cisgender person is someone who identifies as the gender and sex that person was assigned at birth. [↑](#footnote-ref-1)