

## SECURITY RAPID RESPONSE GRANT APPLICATION

### APPLY FOR A GRANT

You can apply:

**Online:** <https://urgentactionfund.org/apply-for-a-grant/apply-online/>

**Email:** [proposals@urgentactionfund.org](mailto:proposals@urgentactionfund.org)

**Encrypted Proton email (more secure):** [urgentact@protonmail.com](mailto:urgentact@protonmail.com)

**SMS/text message:** +1 415-496-6365

**Office phone:** +1 415-523-0360

**Mail:** Urgent Action Fund, 660 13th Street, Suite 200 Oakland, CA 94612, USA

**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 are threatened due to their human rights work.
2. **Advocacy/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.

**Grant Size:** UAF's grants **do not exceed US\$8,000**. Final grant amount supported is determined by UAF staff.

**Grant Period:** 1) Security grants are 3 months; 2) Advocacy/Opportunity are 6 months.

We do not fund:

- Individuals that are not activists
- Cisgender (A cisgender person is someone who exclusively identifies as the sex that person was assigned at birth) men or male-led organizations or networks
- Planned projects/activities/service delivery programs
- Charity/humanitarian assistance/social services
- Annual operating costs (rent, salary, overhead costs)
- Bridge/gap funding
- Scholarships

**Approval process:** UAF’s grantmaking is informed by our country and regional advisors on whom we rely on to assess 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**

### **Contact Information of Applicant**

#### **1A. Name of the person making the request**

1A1. First Name\*

1A2. Last Name\*

1A3. Pronouns\*

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

1C. Title/Position\*

1D. City

1E. State/Province (if applicable)

1F. Postal Code (if applicable)

1G. Country\*

1H. Phone (with country code)

1I. Email\*

1J. Website (if applicable)

**Social Media (if applicable, your organization's Facebook, Twitter etc. if you would like to provide them)**

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1L. Facebook

1M. Twitter

1N. Instagram

1O. LinkedIn

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

**What are the organization's mission and goals?\***

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**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.**

On behalf of an individual recipient

3C. Name

3D. Email

3E. Phone

**Or**

On behalf of a recipient organization or network

3F. Organization name

3G. Contact person (Primary Contact)

3H. Email (Primary Contact Email)

3I. Phone (Primary Contact Phone)

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

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

Contact 1

- Name:
- Title/Position in the organization:
- Pronouns:

Contact 2

- Name:
- Title/Position in the organization:
- Pronouns:

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

#### 5. What is the composition of your leadership? Please check all that applies below

(Optional):

- Intersex
- Lesbian
- Gay
- Bisexual
- Queer
- Transgender
- Girls/Young Women
- Sex Workers
- Incarcerated or formerly incarcerated
- Women/Girls w/disabilities
- Informal sector worker

Please specify (Optional): \_\_\_\_\_

- Racial, Ethnic and Religious minorities

Please specify (Optional): \_\_\_\_\_

- Asian / Pacific Islander
- Black
- LatinX

- Immigrants, Refugees, Stateless  
Please specify (Optional): \_\_\_\_\_
- Indigenous/native people  
Please specify (Optional): \_\_\_\_\_
- Rural women  
Please specify (Optional): \_\_\_\_\_
- Other  
Please specify (Optional): \_\_\_\_\_

## 6. References

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

### Contact 1

- Name:
- Organization/network affiliation:
- Relationship to applicant:
- Contact email\*:
- Contact phone:

### Contact 2

- Name:
- Organization/network affiliation:
- Relationship to applicant:
- Contact email\*:
- Contact phone:

## 7. 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:

## **8. Method of Referral to UAF**

**How did you learn about the Urgent Action Fund? Please check all that apply. \***

- Applied before but did not receive funding (non-UAF grantee)
  - Received UAF funds/grants before (UAF grantee)
  - Email/listserv
  - Internet search/UAF website
  - Social media
  - Colleagues/peers
  - UAF staff
  - UAF advisor
  - UAF grantee
  - Other (Please describe) \_\_\_\_\_
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**9. Does your organization require a fiscal sponsor such as an external organization/network or individual to accept funds on your behalf?\***

- Yes
- No

**10. How long has your organization been in operation?**

- Less than 1 year
- Between 1 - 5 years
- Between 6 - 10 years
- More than 10 years

**11. What is your annual organization budget?**

- Under US\$50,000
- US\$50,001 - US\$100,000

- US\$100,001 - US\$500,000
- US\$500,001 - US\$1 million
- Over US\$1 million

**12. What is the composition of your organization:**

\_\_\_\_\_ # of paid staff

\_\_\_\_\_ # of volunteers

**SECTION II – Grant Request**

**1. Please briefly describe your activism (or of the person/organization for whom you are applying).\***

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**2. What security or safety risks are you facing? Please provide dates of the security risk, who or what caused them and any other relevant information. (If available, please attach links to reports, news articles, or media coverage).\***

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**3. Please check below the specific activities you propose to reduce the risks faced.**

- Security infrastructure (e.g. security cameras, locks, unarmed security guards)
- Transportation support
- Safety planning
- Evacuation/relocation/shelter support
- Family support
- Psycho-social counseling/recovery/rehab/medical treatment
- Collective/holistic security
- Court fee/legal assistance & fees
- Legal advocacy/litigation/trial monitoring
- Prison/detention support
- Communication Costs
- Digital security measures
- Digital security training
- Other (Please describe) \_\_\_\_\_

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**4. If applicable: Are you requesting funding for other activities (such as advocacy)? If yes, please describe. (Examples: awareness-raising, advocacy, networking, campaigning, protests, other non-security related activities).**

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**5. What is the timeline for the proposed activities? Activities should be completed in a 3-month period.\***

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**6. If funded, what results do you hope to expect?\***

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### **SECTION III. BUDGET REQUEST**

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

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**2. Please provide a budget with details of how the requested funding will be used by the activity. Please be aware that you may be asked to provide receipts for all expenses funded by this grant with the final report. \***

Example:

<b>Budget Item</b>	<b>Costs (please indicate currency &amp; exchange rate used)</b>
Transportation	\$1,000 USD
Medical treatment	\$2,000 USD
Digital security measures	\$400 USD
<b>Total</b>	<b>\$3,400 USD</b>



**3. Have you received additional funding for this activity? If yes, please tell us the amount you have received and the name of the funder.**

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#### **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*).