



SECURITY RAPID RESPONSE GRANT APPLICATION

APPLY FOR A GRANT

You can apply:

Online: <https://urgentactionfund.my.site.com/UAFPortal/s/>

Email: proposals@urgentactionfund.org

Encrypted Proton email (more secure): urgentact@protonmail.com

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

Office phone: 1 415-496-6365

Accessibility needs: If you have any communication access needs such as Sign Language interpretation, Screen reader access or would prefer Easy-to-Read format, please contact Urgent Action Fund at proposals@urgentactionfund.org. We will do our best to meet your accessibility needs.

URGENT ACTION FUND FUNDING CRITERIA

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

Urgent Action Fund for Feminist Activism provides fast, flexible support to women, trans and non-binary activists so they can respond to unexpected risks and opportunities, protect and care for themselves and one another, and nurture feminist movements that are creating a more just and equitable world. We provide Rapid Response Grants in two situations:

1. **Security Grants** - Available to activists whose safety and security is at risk.
2. **Advocacy/Oppportunity Grants** Support efforts focused on advocacy, awareness raising, influencing policy, and changing public discourse.

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

Grant Period: 1) **Security grants are 3 months**; 2) **Advocacy/Oppportunity 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: Urgent Action Fund’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, Urgent Action Fund’s peer networks, or references provided by the applicant.

Confidentiality note: The proposal will only be shared with regional and country advisors, or Urgent Action Fund’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.

****Please note that the IRS requires us to disclose all US-based grantee names who receive grant awards of \$5,000 and over.***

SECTION I. ORGANIZATION PROFILE

***Required**

ORGANIZATION INFORMATION

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

2. **Organization Address**
Street: _____
City: _____
State/province (if applicable): _____
Postal Code (if applicable): _____
Country*: _____

3. **Organization Website** (if applicable): _____

4. **Organization Email:** _____

5. **Social Media** (if applicable)
Facebook _____
Twitter _____
Instagram _____
Linkedin _____
Other _____

6. **What year was your organization founded?** _____



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

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

8. 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

9. What is the composition of your organization?*

___# of paid staff
___# of volunteers

10. What is the composition of your leadership? * Please check all that applies below

- 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
 White (Non-Hispanic or Latino)
 Immigrants, Refugees, Stateless
 Please specify (Optional):
 Indigenous/native people
 Please specify (Optional):
 Rural women
 Please specify (Optional):
 Cis-Women
 Other
 Please specify (Optional):

11. Is your organization, group, network or coalition self-led? * (self-led definition - organizational leadership and board composition reflect the community they work with, serve or advocate for)

- Yes



- No
- Partial: _____

ORGANIZATION MISSION AND GOALS

12. What are the organization’s mission and goals? *

13. What is the geographical scope of your organization? *

- Local
- Regional
- National
- Global

14. Who are the primary beneficiaries, recipients, or groups your organization, group, coalition works with and/or advocates for? * (check all that applies)

- | | |
|--|---|
| <input type="checkbox"/> Artist | <input type="checkbox"/> Migrant/Displaced Peoples |
| <input type="checkbox"/> Black/Black Communities | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> Documentarian | <input type="checkbox"/> Internally Displaced Person(s) |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Refugee(s) |
| <input type="checkbox"/> Writer/Author | <input type="checkbox"/> Undocumented |
| <input type="checkbox"/> Journalist | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Blogger | <input type="checkbox"/> Women |
| <input type="checkbox"/> Media | <input type="checkbox"/> Girls/Youth |
| <input type="checkbox"/> Ethnic Minority | <input type="checkbox"/> LGBTQI |
| <input type="checkbox"/> Family Members/Spouse/Partner | <input type="checkbox"/> People Living with HIV |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> People of Color |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Religious Minority |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Rural Women |
| <input type="checkbox"/> Gender Non-Conforming | <input type="checkbox"/> Sex Workers |
| <input type="checkbox"/> Non Binary | <input type="checkbox"/> Stateless |
| <input type="checkbox"/> Healing Practitioners | <input type="checkbox"/> Youth (18-35) |
| <input type="checkbox"/> Incarcerated or Formerly Incarcerated | <input type="checkbox"/> Children (17>) |
| <input type="checkbox"/> Indigenous Native People | <input type="checkbox"/> Women’s Fund(s) |
| <input type="checkbox"/> Intersex | <input type="checkbox"/> Women (general) |
| <input type="checkbox"/> Informal Sector Worker | |
| <input type="checkbox"/> LGBTQ | |



- Lesbian
- Gay
- Bisexual
- Queer

15. **What are the primary issue areas that your organization works or advocates for? *** (check all that applies)

- | | |
|--|---|
| <input type="checkbox"/> Access to education | <input type="checkbox"/> Government surveillance |
| <input type="checkbox"/> Access to Justice/Civil and Political Justice | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Authoritarianism | <input type="checkbox"/> Immigrant rights |
| <input type="checkbox"/> Climate Justice | <input type="checkbox"/> Indigenous or minority rights |
| <input type="checkbox"/> Corruption | <input type="checkbox"/> Institutionalization |
| <input type="checkbox"/> Criminal justice/reform | <input type="checkbox"/> Islamophobia |
| <input type="checkbox"/> Defamation | <input type="checkbox"/> Legal, policy and regulations used to suppress civil society |
| <input type="checkbox"/> Detention & Interrogation | <input type="checkbox"/> LGBTQI rights |
| <input type="checkbox"/> Digital security | <input type="checkbox"/> Migrant rights |
| <input type="checkbox"/> Disability rights | <input type="checkbox"/> Police brutality and impunity |
| <input type="checkbox"/> Early or forced marriage | <input type="checkbox"/> Refugee rights |
| <input type="checkbox"/> Economic and Labor Justice | <input type="checkbox"/> Religious fundamentalisms |
| <input type="checkbox"/> Environmental Justice | <input type="checkbox"/> Religious rights |
| <input type="checkbox"/> Equality Rights & Freedom from Discrimination | <input type="checkbox"/> Reprisals |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Resource Rights |
| <input type="checkbox"/> Extremisms | <input type="checkbox"/> Sex workers' rights |
| <input type="checkbox"/> Freedom of affiliation | <input type="checkbox"/> Sexual and Reproductive Justice |
| <input type="checkbox"/> Freedom of assembly | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Freedom of expression | <input type="checkbox"/> Women's human rights |
| <input type="checkbox"/> Freedom of movement | <input type="checkbox"/> Women's leadership and political participation |
| <input type="checkbox"/> Gender Based Violence | |
| <input type="checkbox"/> Girls/Child rights | |
| <input type="checkbox"/> Government Impunity | |

ORGANIZATION REGISTRATION

16. **What is your organization's registration status? *** Please select from the following.

- Non-Profit
- NGO
- Charity
- Not registered



Other: _____

17. Does your organization have a fiscal agent such as an external organization/network(fiscal sponsor) or individual person’s bank account that administers the organization’s finance? *

- Yes
- No

If yes, what type of fiscal agent does your organization have? *

*Please note that this information will be used in the grant agreement if a grant is approved. Please make sure this is the most up-to-date, accurate information.

Fiscal Sponsor – Trusted organization with an official bank account to receive the funds on your behalf

Fiscal Sponsor Organization Name: _____

Fiscal Sponsor Contact First Name: _____

Fiscal Sponsor Contact Last Name: _____

Fiscal Sponsor Contact Email: _____

Please explain why you require a Fiscal Sponsor to accept funds on your behalf.

ORGANIZATION CONTACTS

(Please list your organization/collective/network decision makers)

18. Primary Contact #1*

First Name: _____

Last Name: _____

Pronouns:

- she/her/hers
- he/him/his
- they/them/theirs
- Other - _____

Title/Position: _____

Email Address: _____

Phone Number: _____

Preferred platform info (WhatsApp #, Signal #, Jitsi Meet, Zoom) _____

19. Primary Contact #2*



First Name: _____

Last Name: _____

Pronouns:

- she/her/hers
- he/him/his
- they/them/theirs
- Other - _____

Title/Position: _____

Email Address: _____

Phone Number: _____

Preferred platform info (WhatsApp #, Signal #, Jitsi Meet, Zoom) _____

20. Primary Contact #3

First Name: _____

Last Name: _____

Pronouns:

- she/her/hers
- he/him/his
- they/them/theirs
- Other - _____

Title/Position: _____

Email Address: _____

Phone Number: _____

Preferred platform info (WhatsApp #, Signal #, Jitsi Meet, Zoom) _____

METHOD OF REFERRAL TO URGENT ACTION FUND

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

- Applied before but did not receive funding (non-Urgent Action Fund grantee)
- Received UAF funds/grants before (Urgent Action Fund grantee)
- Email/listserv
- Internet search/ Urgent Action Fund website
- Social media
- Colleagues/peers
- Urgent Action Fund staff
- Urgent Action Fund advisor
- Urgent Action Fund grantee
- Other (Please describe) _____

SECTION II. GRANT APPLICATION



GRANT APPLICATION CONTACT INFORMATION

22. Applying Contact *

First Name: _____

Last Name: _____

Pronouns:

she/her/hers

he/him/his

they/them/theirs

Other - _____

Title/Position: _____

Email Address: _____

Phone Number: _____

Preferred platform info (WhatsApp #, Signal #, Jitsi Meet, Zoom)

Preferred language:

English

Arabic

Russian

References*

Please provide names and contact information for at least two references who are external stakeholders or partners (not current staff, board, advisors, or volunteers) who can endorse your work. We recommend that you inform them so they can provide a timely response.*

23. Reference 1*

Name: _____

Title: _____

Organization/network affiliation: _____

Contact email: _____

Contact phone: _____

Relationship to applicant: _____

24. Reference 2*

Name: _____

Title: _____

Organization/network affiliation: _____

Contact email: _____

Contact phone: _____

Relationship to applicant: _____



Donor Support

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

25. Funder 1

Name: _____
Donor agency: _____
Contact email: _____
Contact phone: _____

26. Funder 2

Name: _____
Donor agency: _____
Contact email: _____
Contact phone: _____

SECTION III. GRANT REQUEST

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

28. 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). *

29. Was this an unexpected situation? Please explain. *



30. Please describe the specific activities you propose. What capacity do you have that will help you successfully carry them out? * Activities should be completed in a 3-month period.

31. 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).

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

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

SECTION IV. GRANT BUDGET

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

35. 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:



Budget Item	Costs (please indicate currency & exchange rate used)
Lawyer's fee	\$1,000 USD
Printed materials	\$2,000 USD
Sign Language interpretation	\$400 USD
Total	\$3,400 USD

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

SECTION V. CONFIDENTIALITY

37. Would you like this request to remain confidential? *

- Yes
- No
- Partial, please explain: _____

If you marked "Yes", Urgent Action will not disclose individual names and contact information to any party outside of the organization (except during our approval process as we consult with Urgent Action Fund's advisors and trusted contact).