

URGENT ACTION FUND

FOR WOMEN'S HUMAN RIGHTS

OPPORTUNITY 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

Encrypted ProtonMail (more secure): urgentact@protonmail.com

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

Office phone: +1 415-523-0360

Mail: Urgent Action Fund, 2601 Blanding Ave Suite C, #155 Alameda, CA 94501
USA

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 UAF at proposals@urgentactionfund.org. We will do our best to meet your accessibility needs.

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 (including people with intersecting identities)** 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:

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- 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

***Required**

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* : _____

1A3. Pronouns* : _____

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

1C. Title/Position* : _____

1D. City*: _____

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1E. State/Province (if applicable): _____

1F. Postal Code (if applicable): _____

1G. Country*: _____

1H. Phone (with country code): _____

1I. Email*: _____

1J. Website (if applicable): _____

1L. Social Media (if applicable)

Facebook: _____

Twitter: _____

Instagram: _____

Linkedin: _____

Other: _____

Organization/Network Mission and Goals

2. What are the organization'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.

On behalf of an individual recipient

3C. Name: _____

3D. Email: _____

3E. Phone: _____

3F. Preferred platform info (WhatsApp #, Signal #, Jitsi Meet, Zoom etc...): _____

Or

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On behalf of a recipient organization or network

3G. Organization name: _____

3H. Contact person: _____

3I. Email: _____

3J. Phone: _____

3K. Preferred platform info (WhatsApp #, Signal #, Jitsi Meet, Zoom etc...): _____

Key Decision-Makers and Gender Composition

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

Contact 1

- Full Name: _____
- Title/Position in the organization: _____
- Pronouns: _____
- Email: _____

Contact 2

- Full Name: _____
- Title/Position in the organization: _____
- Pronouns: _____
- Email: _____

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): _____

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- 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
- Cis-women
- Other
Please specify (Optional): _____

References

6. **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.****

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: _____

Donor Support

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

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their contact information.

Funder 1

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

Funder 2

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

Method of Referral to UAF

8. 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)_____

9. Does your organization require a fiscal sponsor such as an external organization/network or individual to accept funds on your behalf?*

- Yes
- No

9B. If yes, what type of fiscal agent does your organization require? *

*Please note that this information will be used in the grant agreement if the 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**

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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.

Individual Recipient – Individual bank account

- Individual Recipient First Name: _____
- Individual Recipient Last Name: _____
- Individual Recipient Email: _____
- Please explain why you require an Individual Recipient to accept funds on your behalf.

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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2A. What is the critical advocacy opportunity that prompted you to make this request? Why is funding urgently needed now to respond immediately? *

2B. When did the event(s) occur? (If available, please attach links to reports, news articles, or media coverage). *

2C. Was this an unexpected situation? Please explain.*

3. Please describe the specific activities you propose. What capacity do you have that will help you successfully carry them out? *

4. If applicable: What other local partners are you planning to engage with and how?

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4B. If applicable: Are you requesting funding for other activities (such as security) If yes, please describe. (Examples: security infrastructure, safety planning, evacuation/relocation, family support, detention support, institutionalization support, personal assistance support to navigate security risks. psychosocial support, digital security measures, other non-advocacy related activities).

5. What is the timeline for the proposed activities? Activities should be completed in a 6-month period.*

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

SECTION III. BUDGET REQUEST

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

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

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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
Sing Language interpretation	\$400 USD
Total	\$3,400 USD

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.

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 contact.*)