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**WHRD Window Application Form – SAFETY NET (Flexible Funding)**

Please complete each of the questions below and submit to WPHF-WHRD@unwomen.org.

*Safety Net is for individual women human rights defenders (WHRD) from/working in conflict and crisis affected countries\*, who, due to their commitments to human rights and peace, currently face, or have in the past faced risks with resulting impacts that continue to threaten their safety and/or ability to sustain their work.*

*\** See for reference countries that might be eligible for support : List of matters of which the UN Security Council UNSC Resolution S/2022/10: [https://documents-dds-ny.un.org/doc](https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/417/71/PDF/N2141771.pdf?OpenElement)

*Therefore, WHRD’s* ***require urgent support*** *to ensure their protection and secured participation in peace building efforts.*

**It does not fund civil society organizations or programme implementation.**

The WPHF WHRDs Window Safety Net aims to contribute to improving the security and protection of women human rights defenders by providing for, but not limited to:

* Temporary relocation costs (accommodation, food, transporation etc.)
* Security/protection costs (secured transportation, security training...)
* Equipment (mobile, computer, security system, cameras, etc.)
* Self-care (mental health support,etc..)
* Legal assistance

Grants are for amounts up to a maximum of 10,000 USD. The duration of the support is for a maximum of 6 months.

Please ensure that the contact information you provide is secure and you are comfortable being contacted this way. Following your submission, you will receive a receipt confirmation email.

If your request is considered, it will be shared with the WPHF Window for WHRDs INGO partners, who will contact you. They reserve the right to ask additional questions. **Being contacted by an INGO does not mean that the grant will be automatically allocated: the INGO will still have to verify and validate your request.**

[ ]  I agree that my application can be transferred to an INGO partner of the WPHF Window for WHRDs.

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| **Country of Origin** |  |  |
| **Current Location** (\*if different from origin) |  |  |
| **Full Name** |  |  |
| **Age** |  |  |
| **Number of dependents of each dependent at risk and supported through this request.***\*A dependent is a child under the age of 18 or family member residing with you and who you are responsible for their care and well-being.* |  | 0-17 Years | 18 years and above |
| **Secure email address\*:***\*A secure email address is an address you are OK to be contacted through to further discuss your application. If you feel that contact with WPHF may put you at risk we suggest that at minimum you use a secure computer, safe internet connection and open a separate, new email account and provide this address in the application instead.* |  |  |
| **Phone number/WhatsApp/Signal** *(secure way to contact you. Please include country code)* |  |  |
| **Were you referred by a UN agency, another international organization, or a non-governmental organization?** |  | [ ] Yes, Please Specify Name of Organization: [ ] No |
| **Is this application being completed by yourself or a third party?** |  | [ ]  Completed myself[ ]  Completed on behalf of a WHRD |
| **If the application is completed on behalf of a WHRD, please provide your contact information.**  |  | Full Name:Email address: Secure Telephone Number: Affiliated Organization (if applicable): |

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| **1. Please briefly describe your experience as a woman human rights defender. How have you been peacefully leading human rights activities in your community / country ?***Word Limit: 250.* |  |  |
| **2. What targeted threats have you faced or fear to face because of your human rights / peace activities?** *Word Limit: 200.* |  |  |
| **3. If applicable, when did those targeted threats happen?***Word Limit: 100.* |  |  |
| **4. Please  describe how do these targeted threats currently impact your and / or your dependents’ security situation.** *Word Limit: 250.* |  |  |
| **5. How do these targeted threats affect your ability to continue your work?***Word Limit: 250.* |  |  |
| **6. What do you urgently need to protect yourself and / or your dependents and to sustain your human rights and peace activities?** *Word Limit: 250.* |  |  |
| **7. Please note if not all needs can be covered, which ones are a priority to improve your security situation.***Word Limit: 150.* |  |  |
| **8. Specify how much funding you are requesting.***Please note the maximum amount that can be requested is $USD 10,000* |  | Item | Estimated Budget |
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| Total: |  |
| **9. Estimated duration this funding will contribute to your safety.***Please note the maximum duration of the support is 6 months.* |  |  |
| **10. For us to be able to assess your application, please provide the name and contact information of at least one reference, from a national or international organization, who knows your work. This reference should NOT be a family member.** |  | **REFERENCE 1 (Mandatory)** Name:Organization:Email:Telephone/Mobile: (include area code)**REFERENCE 2 (Optional):**Name:Organization:Email:Telephone/Mobile: (include area code) |
| **11. Please let us know if you have submitted a similar application to another organization,** **and/or received support ( financial / non-financial) from one before, as this will help us with coordination.** *Please note this question is for information purposes only and is not evaluated.*  |  | [ ]  Yes [ ]  NoIf yes, please name the organization, and explain what will/ was covered  |