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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](mailto: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/2024/10.Rev.1:

<https://undocs.org/Home/Mobile?FinalSymbol=S%2F2024%2F10%2FREV.1%2FADD.2&Language=E&DeviceType=Desktop&LangRequested=False>

*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, transportation 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, however the final grant amount is dependent on the review of the application. 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.

**Next Steps:** If your request is considered, it will be shared with an INGO partner who will contact you directly. They reserve the right to ask additional questions, apply their own criteria and make the final decision. **Being contacted by an INGO does not mean you will automatically receive a grant.**

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** |  |  | |
| **Please select from the following categories that you self-identify with.**  **Select all that apply**  **(Note: this is not a criteria for eligibility)** |  | 1. Refugee 2. IDP 3. Living with a disability 4. LGBTQI+ 5. Indigenous/ethnic minority 6. Religious minority 7. Female sex worker 8. Single mother 9. Other (please specify) 10. None of the above (not applicable)   H) Prefer not to respond | |
| **Number of dependents 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** *(please provide a secure way to contact you, including country code. You can include a second number or an alternative contact and number in case we have trouble reaching you. We encourage you to use Signal )* |  | Contact 1:  Alternative Contact Name/Number: | |
| **How did you learn about this fund?**  **If referred by a UN agency or other organisation, please name the organisations.** |  | WPHF  NGO/Civil Society  UN Agency  Member State/government  Online search  Other | |
| **Are you applying for yourself or on behalf of a WHRD?** |  | For myself  On behalf of a WHRD | |
| **If you are applying on behalf of a WHRD, please provide your contact information.** |  | Full Name:  Email address:  Secure Telephone Number:  Affiliated Organization (if applicable): | |
| **Are you part of an organization/network?**  **If so, please provide the name and website (if available).** |  | Name:  Website: | |

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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 ?** *(Please include names of any organizations or individuals you have been collaborating with).*  *Word Limit: 200-400.* |  |  | |
| **2. What is the main focus of your activism ?**  **Select ONE only.** |  | 1. Child rights 2. Climate Security 3. Conflict Related Sexual Violence (CRSV) 4. Digital rights 5. Disability rights 6. Economic rights 7. Education rights 8. Elderly rights 9. Food security 10. Human rights 11. Indigenous/ethnic rights 12. Justice/Legal 13. Labor rights 14. Land and housing rights 15. LGBTQI+ rights 16. Media/Freedom of Expression 17. Mental Health/Psychosocial 18. Peacebuilding/Conflict Resolution 19. Political representation/voting rights 20. Rights of women who are forcibly displaced (refugees, IDPs, asylum seekers, etc.) 21. Sexual and gender-based violence (SGBV) 22. Sexual and Reproductive Health and Rights (SRHR) 23. Youth rights | |
| **3. What targeted threats have you faced or fear to face because of your human rights/peace activities?**  *Please describe if and how these threats have affected you, your dependents, and/or your ability to continue your work. Also include the history/patterns and timelines of threats faced.*  *Word Limit: 500* |  |  | |
| **4. When did the last threat related to your human rights/peace activities happen?**  *If possible, please add a date or an approximate time period.* |  |  | |
| **5. What do you urgently need to protect yourself and / or your dependents and/or to sustain your human rights and peace activities?**  *Word Limit: 200-400* |  |  | |
| **6. Specify how much funding you are requesting**  *For each item, specify how much funding you are requesting. Please note that the maximum provided for Safety Net grants is USD 10,000 (subject to revision by the NGO partners of the WPHF Window for WHRDs) to cover short term protection needs.* |  | Item (needs) | Estimated Budget |
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| Total: |  |
| **7. Estimated duration this funding will contribute to your safety.**  *Please note the maximum duration of the support is 6 months.* |  |  | |
| **8. 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 and available to answer questions.**  **This reference should NOT be a family member.**  *References are provided on a volunteer basis and should not be paid* |  | **REFERENCE 1 (Mandatory)**  Name:  Organization:  Email:  Telephone/Mobile: (include area code)  **REFERENCE 2 (Optional):**  Name:  Organization:  Email:  Telephone/Mobile: (include area code) | |
| **9. 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.**  *If you have received support in the past this will not automatically affect your eligibility.* |  | Yes  No  If yes, please name the organization:  When was this?  What support was requested/funded: | |
| **10. (Optional)Feel free to provide or attach additional Information (web links, documents, etc.)** |  |  | |