

**Minority Rights Group**

**Strengthening Minority Voices**

**Application to Emergency Grant**

**Complete this form and send it to** **mrgegypt@proton.me**

**ِA - Details of Applicant**

* Name:
* Gender:
* Minority affiliation:
* Nationality:
* Organization(if applicable):
* Do you consider yourself to have a disability? Yes/No/Not sure/Would rather not say
* Country of Residence:
* Please detail your preferred contact method. All communications with MRG will remain confidential:
* Tel (Signal):
* Email:

**B Details of Minority Right Defender (if different from applicant)**

* Name:
* Gender:
* Minority affiliation:
* Nationality:
* Do you consider yourself as a member of a minority community?
* Do you consider yourself to have a disability? Yes/No/Not sure/Would rather not say
* Country of Residence:
* Please detail your preferred contact method. All communications with MRG will remain confidential:
* Tel (Signal):
* Email:

**C - Area of Work**

1. Please insert a description of your work as an activist or minority rights defender. Please explain the type of work you do and which communities you target with your work. (*up to 300 words*)

**D - Risks and Threat to Security**

1. Please describe the security risk or threat that you are facing. Please include information on what the risk or threat is, when the risk or threat began and if the risk or threat is ongoing. If you are able to, please explain why you think you might be facing this risk and where the risk or threat is coming from (e.g. armed groups, police etc.) (*up to 1000 words*)
2. If possible, please include any evidence of threats. You may include this as links or attachments, with a short description of each piece of evidence.
3. Please explain the urgency of the situation?

**E- Grant amount, Purpose, and Duration**

1. Please explain how you think this grant can help you mitigate the threat or risk, or how it will be used to improve your security.
2. Total requested amount (please note that the maximum budget is 800 Euro)

Amount: Currency:

1. Please complete this Budget Form, adding or remove rows as necessary.

Exchange Rate: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Unit Value in local currency | Number of Units / Months | Total in EGP | Total in EUR |
|   |   |   |   |  |
|   |   |   |   |  |
|   |   |   |   |  |
|   |   |   |   |  |
|  Total Requested   |   |  |

1. What is the duration you will spend the grant in? (Maximum 6 months)

**F - Money Transfer**

1. Are you able to receive money securely from MRG? Yes/No
2. If yes, please provide details (e.g. if you have a trusted person with a bank account outside of Egypt).

**G- References**

Please provide at least two independent reference persons familiar with your work:

***Reference 1:***

* Name:
* Organization:
* Job Title:
* Email Address:
* Phone/ Signal:

***Reference 2:***

* Name:
* Organization:
* Job Title:
* Email Address:
* Phone/Signal: