

ENGLISH - COVID-19 Emergency Response Fund

OutRight Action International

Title of your project proposal

Project Name*

Name of Project.

Character Limit: 250

About your organization

Focus of organization*

Choices

Intersex

Lesbian/LBQ

LGBT

LGBTIQ

MSM

Transgender

Other, please specify

If you chose other, please specify

Character Limit: 250

What year was your organization founded?*

Character Limit: 250

Is your organization legally registered?*

If yes, when?

If no, please write "No."

Character Limit: 250

Does the organization have paid staff? If yes, how many?*

Character Limit: 250

Details of your application

Describe the situation caused by the COVID-19 crisis that has led to the need for an emergency grant*

Character Limit: 2000

Please explain why there is a need to respond urgently**Character Limit: 1500***Please describe your proposed solutions/activities to address the current needs****Character Limit: 2000***How will your proposal address the situation?***

Please explain how your proposed solutions/activities will address the impact of the COVID-19 crisis to the situation you described.

*Character Limit: 2000***What is the population served by the project?*****Choices**

LGBTIQ

LGBT

Intersex

Transgender

Lesbian/LBQ

MSM

Other, please specify

If you chose other, please specify*Character Limit: 100***How many people will directly benefit from your proposed solutions/activities?****Character Limit: 100***Reference 1**

Name of Reference 1*

Please provide us with the name of a reference (outside of your organization).

*Character Limit: 100***Organization/Affiliation of Reference 1****Character Limit: 100***Telephone of Reference 1***

Including country code

*Character Limit: 100***Email address of Reference 1****Character Limit: 254*

Relationship to your organization**Character Limit: 250*

Reference 2

Name of Reference 2**Character Limit: 100***Organization/Affiliation of Reference 2****Character Limit: 100***Telephone of Reference 2***

Including country code

*Character Limit: 100***Email address of Reference 2****Character Limit: 254***Relationship to your organization****Character Limit: 100*

Budget

Information

Please note we can only provide emergency grants up to \$20,000. The grant can be used for direct costs, for core costs for your organization or a mix, if the maximum amount is below \$20,000. Most grants are expected to be at \$10,000.

*Character Limit: 100***In a short budget narrative or justification, please describe the costs you anticipate.****Character Limit: 2000***Total funding request***This number should be in **United States Dollar (USD)***Character Limit: 20***In a separate document, please upload your budget as a pdf, xlsx, or doc.***

- Please list the type of expense and specify cost per item in **USD**.
- You can include both direct costs and any core costs. All costs need to be specified.

- Direct costs might include (but are not limited to): food and other goods to maintain a livelihood, utilities, emergency accommodation, health products/ equipment and medicines.

File Size Limit: 3 MB

Additional Financial Information

Have you applied to any other donors for funding for these activities?*

If yes, who?

If no, please write, "No."

Character Limit: 250

Does your organization have a bank account?*

Choices

Yes

No

No Bank Account

Fiscal Host*

Is there another organization/fiscal host with a bank account that you trust to receive the funds on your behalf? (This cannot be an individual's personal bank account)

- If yes, please name them.
- If no, please write "No."

If you are awarded a grant, we will get in touch about the best way to get funds to you.

Character Limit: 250