**Protection Grant Application Form**

1. **Please provide your organization’s details:**

Name of the organisation:

Country

Address:

Status:

Registered INGO

Registered NGO

Other, namely:

Name of focal point:

Position:

Email address:

Phone number:

1. **Is your organization certified by ECHO\*?**

Yes

No

Unsure

*\* Please click* [*here*](https://civil-protection-humanitarian-aid.ec.europa.eu/partnerships/humanitarian-partners_en) *to consult the list of DG ECHO certified organizations.*

1. **Who are you applying for:**

☐ For individual(s) working for your organization

☐ On behalf of another organization

* 1. **Organization of the aid worker affected by the incident (if different from applicant):**

Name:

Country:

Address:

Status:

Registered INGO

Registered NGO

Other, namely:

Website (if available):

Name of focal point:

Position:

Email address:

Phone number:

* 1. **Is this organisation a partner that you currently collaborate with?**

Yes, current partner

No, but worked with them in the past

No, never worked with them

* 1. **Have you conducted a verification of partner management against relevant sanctions / excluded parties lists?**

Yes

No

* 1. **Does this organisation abide by humanitarian principles?**

Yes

No

1. **Is this an emergency request?**

Yes[[1]](#footnote-2)

No

1. **Country and specific area of incident:**

* **Country:**
* **Area (please specify the region and city if the information is available):**

1. **Information about the affected individual *(please duplicate as much as necessary in case several staff are concerned)*:**

* **First name:**
* **Last name:**
* **Gender:**

Woman

Man

Other

* **Age:**
* **Any disability known (before or after the incident):**

Yes

No

Unsure

* **Position within the organisation:**
* **Type of contract:**

☐ National staff

☐ International staff

* **Do you request support to the aid worker’s relatives?**

Yes

No

If yes, please provide more information if available (number of individuals, age, gender, family connection with the aid worker):

1. **Nature of the incident (you can check multiple boxes):**

Violence

Arrest/detention/legal action

Kidnapping

Threats

Other, namely:

1. **Please provide a short description of what has happened, or the immediate risk faced by affected staff (please include the date of the incident). Please also highlight the link between the incident and the humanitarian status or activity of the individual. If available, attach the internal incident report or any other relevant document that justify the request:**
2. **Response needs (select multiple as appropriate)**

Relocation

Medical support

Mental health and psychosocial support

Legal support (lawyer, bail, legal fees)

Salary coverage (while staff is indisposed, relocated, kidnapped, etc.)

Material support to staff following an incident (to cover damages, for instance)

Financial & material support to family in case of death, kidnapping, long term disability

Other, namely:

1. **Please explain the type of support (services, cash, material, etc.) that will be provided to the individual(s) and how they will access them:**
2. **Please provide a budget with a breakdown of costs and a brief description.**

(*Please note that the maximum budget is EUR 10,000. Please use the EURO currency and use the* *monthly* [*InforEuro*](https://commission.europa.eu/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-inforeuro_en) *exchange rate corresponding to the month of application.) Please include costs related to the reception of the funds (transportation, fees…)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost description** | **Unit Value** | **Number of Units / Months** | **Total** | **Comment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total costs** | | |  |  |

1. **What is the requested duration of the grant (number of months)?**
2. **Has the organisation already provided financial or material support to the individual through an insurance policy or any other scheme?**

☐ Yes

☐ No

If yes, please detail:

☐ **By checking this box, I hereby certify that the costs included in the budget are not covered by any insurance.**

1. **Acknowledgement of Privacy Notice:**

By completing this section of the application form:

I confirm I have read, understood, and agreed to the Protect Aid Workers privacy and data protection policy

I accept the processing of my data for the purposes of this request, in accordance with the privacy and data protection policy of Protect Aid Workers

**Please send this form to:** [**hotline@protectaidworkers.org**](mailto:hotline@protectaidworkers.org)

In anticipation of the potential approval of your application, you can already share your bank account details stamped and signed by the authorised Director of your organisation.

1. Please only answer yes *if* approval of a grant within 48 hours is essential to safeguard the wellbeing and safety of the affected staff. See guidelines for details. [↑](#footnote-ref-2)