**APPLICATION FORM**

**LEGAL DEFENSE AND SANCTUARY FUND**

**I. INFORMATION ON APPLICANT**

|  |  |
| --- | --- |
| Name of applicant: |  |
| Name of organization or affiliation: |  |
| Complete address of organization or affiliation: |  |
| Country: |  |
| Email address: |  |
| Mobile number available in WhatsApp, Signal or Telegram: *(Please indicate the preferred instant messaging service.)* |  |
| Are you making the request for yourself? | Yes (\_\_) No (\_\_) |
| If no, please provide whom the request is for.  |
| Is it your first time to access the Legal Defense and Sanctuary Fund? | Yes (\_\_) No (\_\_) |
| If yes, please tell us how you learned about the Fund. |

**II. CONTEXT OF REQUEST**

|  |
| --- |
| Describe the situation and explain why the assistance is needed. |
| Indigenous Peoples who will be directly supported by this LDSF application: |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of direct Indigenous Peoples that will be supported: | Male (s): | Female (s): | Total: |  |
| Age 0-12: | Age 13-18: | Age 19-35: | Age 36-59: | Age 60-above: |

 |
| Please provide information of other organizations providing support (e.g., financial, political, etc.) on the situation if any.  |
|  |
| Please specify any information in this request that you prefer to be kept confidential. |
|  |

**III. DETAILS OF REQUEST**

*(Please add rows as necessary.)*

| Planned activity | Expected result/s | Timeframe | Budget request\* *(in local currency)*Please specify local currency: \_\_. | Budget request\**(in $US)* |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Kindly provide a conversion rate of local currency to $US: 1$US = \_\_\_

|  |  |
| --- | --- |
| Total budget request*(in $US)* |  |
| Total timeframe *(in months)* |  |

**IV. REFERENCES**

*(Please provide name and contact details of two reference persons and their organizations, who know your work and or the case being requested for assistance.)*

|  |
| --- |
| Reference 1 |
| Name: |  |
| Organization or Affiliation: |  |
| Email address/es: |  |
| Mobile number available in WhatsApp, Signal or Telegram: *(Please indicate the preferred instant messaging service.)* |  |
|  |
| Reference 2 |
| Name: |  |
| Organization or Affiliation: |  |
| Email address/es: |  |
| Mobile number available in WhatsApp, Signal or Telegram: (Please indicate the preferred instant messaging service.) |  |

Name and Signature of applicant:

Date:

*(Note: Please email the accomplished application form in Word format.)*