
C. What results do you expect if the assistance is provided?

D. Requested Amount: *(Please indicate currency you are using and its equivalent in EURO)*

E. How will the money be used? Please provide an itemized budget

Sample budget

Item Description	No. of Units	Cost in Local Currency	Cost in EURO	Total Amount in Local Currency	Total Amount in EURO

F. What other sources of support are available for your situation?

IV. References

(Please provide name and contact details of two reference organisations, who know your human rights work and the risks and threats that you face as a result of your activities)

V. Confidentiality

Should any specific information about the request be kept confidential? AIPP does not disclose individual names and contact information to any party outside of the organization.

Signature: _____

Date: _____

Please email duly accomplished form with necessary attachments to:

IP Human Rights Defenders Network
 Email: richard@aippnet.org, bernice@aippnet.org