**Name of Applicant:**

**Name of Project:** Celebrating Inclusion

**Country:**

**Type of Grant:** Innovate and Learn

**Rightsholder Group:** All

**Thematic Focus:** All

**Duration:** 24 Months

## Risks Assessment: What are the risks, situations, or events that can happen in the near future and limit the success of your project or achieving its objectives? What is the likelihood of these actually happening? What are the plans you have in mind to mitigate those potential risks?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Risk** | **Likelihood**  **(L-low, M-medium,  H-high)** | **Mitigation Strategy** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Etc. |  |  |  |