**Application for Special Olympics Inclusive Health Innovation Grant**

1. **Organization Information**
* Project Title
* Organization name, address, phone, URL

* DUNS number
* Head of Organization: name, title, email, and signature
* Application point of contact: name, title, email, phone
* Name, title,email, and phone of person who will sign the grant agreement for your organization if funded
* Organization overview and Mission Statement
1. **Program Description (6 pages maximum)**
* Project Description - be sure to clearly state the objectives; also include the amount requested and period of performance here
* Implementation Plan and timeline (all grant activities must be completed by March 31, 2021)
* Planned outputs and deliverables (this should be clearly aligned with your implementation plan)
* Expected outcomes and benefits for people with ID as well as for your organization.
* Describe how the proposed grant will be intentionally inclusive of people with ID and how self-advocates will be involved in the implementation of the grant, if applicable. Grant activities involving people with ID should not be limited to only Special Olympics athletes (see attachment IV).
* A description of how the Inclusive Health Principles and Strategies Resource (attachment V) informed the development of your proposal and how that will be applied during implementation.
* Geographic area(s) where the grant will be implemented

* Describe at least one proposed conference/workshop/event where someone from your organization will present or speak about this project and inclusive health.
* Monitoring and evaluation: Describe how you will monitor and evaluate the impact or success of your activities.
* Sustainability, replication and resources: Describe how best practices will be documented, models/resources developed, and activities replicated beyond the life of this grant. How will project results and outcomes be sustained after this project ends? What resources are you creating that can be shared with others?
* Any additional information about your organization or the proposed activities relevant to your application
1. **Budget**
* Insert budget table here or submit as a separate spreadsheet attachment. Refer to the RFA for budget guidelines. While there is no set format, please ensure all line items have clear justifications and accompanying narrative where appropriate. As a reminder:
	+ Indirect costs or overhead are not permitted
	+ Remember to budget for one person to travel to a Special Olympics inclusive health event

**IV. Acknowledgements**

Each of the following statements must be acknowledged for your application to be considered:

* I understand that all grant activities must be completed by March 31, 2021 and that an extension will not be possible.
* My organization has an active, publicly-viewable registration in the System for Award Management (SAM.gov)
* Application Revisions: SOI typically requests revisions to applications to correct errors, provide additional clarity, or improve the strength of the program description. I understand that these revisions must be submitted according to the deadlines provided and that failure to do so may result in withdrawal of the funding offer.
* Grant Agreement: Upon notification of intent to provide funding, SOI will share the draft Grant Agreement language. I understand that, barring exceptional circumstances, SOI does not negotiate grant agreement language. I understand that my organization will be responsible for reviewing the draft Grant Agreement and notifying SOI of any concerns by the deadline provided, and that failure to sign the Grant Agreement in a timely manner may result in withdrawal of the funding offer.