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

Made possible by the Centers for Disease Control and Prevention**[[1]](#footnote-1)**

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 complete by March 31, 2020)
* Planned outputs and deliverables (this should be clearly aligned with your implementation plan)
* Expected outcomes and benefits both for the population of 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.
* 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 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.
1. Special Olympics Health is supported by cooperative agreement # NU27DD001156 from the U. S. Centers for Disease Control and Prevention (CDC). Its contents are the responsibility of Special Olympics and do not necessarily represent the views of CDC. Alternative formats are available on request. [↑](#footnote-ref-1)