

Deadline: October 14, 2016 (Please complete in Calibri Font, Size 11)

Overview

Sponsored by Lions Club International, the Family Health Forum (FHF) initiative is designed to engage families of those with intellectual disabilities (ID) in Special Olympics and offer an environment where parents and caregivers can gain direct access to health information, resources, and support. This is the one grant opportunity for FHF events for 2017. **Please see the FHF Toolkit for additional details about the application, implementation, and reporting requirements.**

Requirements

You must submit a separate application for each event planned – this is for reporting purposes.

Special Olympics Programs should develop FHF that address the specific questions and concerns of their local family members, however there are some requirements that must be met to receive funding:

1. The event must be scheduled and held **between January 15, 2017 – September 15, 2017**
2. **All fields of the application must be complete** (including budget justification)
3. The agenda **MUST** include:
 - a) **At least one health topic**, but a variety of related topics can also be included – just be sure you have the time and resources to do more than one topic.
 - b) **A member of the local Lions Club** to speak to families about Lions Clubs International, the services offered at the local level, and the benefits of becoming a Club member.
 - c) **A description of Healthy Athletes**, Healthy Young Athletes (if offered) and why they are important, how family members can get their children to Healthy Athletes, find out results, and follow up as recommended.
 - d) **A question and answer period.**
4. **Banner with the Lions Club logo MUST be displayed** at the event and **photos showing Lions Club banner and members MUST be submitted in report.**
5. The Special Olympics Program **MUST be accredited and not have any outstanding reports** for health or other funding from SOI.
6. **An online evaluation and financial report** must be completed and submitted within **30 days** of the conclusion of the event.
 - a) Programs are also encouraged to complete the participant exit survey and enter the data through the online survey system.

Additionally, some programs will be asked to complete a feedback form based on the topics presented at their FHF. *All evaluation materials will be provided after award letters are sent.*

SOI reserves the right to reject any and/or all applications.

Funding Limits

Special Olympics Programs may **apply for up to \$3,500 US** in award funds per new Family Health Forum event – you cannot get additional money for a previously funded event. Funding cannot be used for Healthy Athlete screening costs. Programs will be solely responsible for any expenditures in excess of the award. The award monies will be disbursed in one payment, in US dollars (USD) only. (Use www.oanda.com for currency conversions.) Any unspent funds must be returned to Special Olympics International at the end of the award reporting period.

Deadlines and Key Dates

October 14, 2016:	Application Deadline
December 31, 2016:	Award Letters will start to be sent, if grant is approved
January 15, 2017:	Earliest event can be held (assuming agreement letters have been received)
September 15, 2017:	Grant ends (all events must be held before this date)

All Family Health Forums must conclude before September 15, 2017 (due to reporting requirements from our funders). If you repeatedly cancel or change the dates of your event or do not turn in reports, you will risk not receiving FHF funding in the future.

*** Reports are due to SOI 30 days after implementation.**

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Regional Health Managers

Africa	Asia Pacific	East Asia	Europe & Eurasia	Latin America	North America & Caribbean	North Africa and Middle East
Mashane Nthutang	Avi Tania	Jason Zhan	Bjoern Koehler	Gonzalo Larrabure	Heather Harmer	TBA

Contact Information for SOI Family Health Forum Coordinator

Peyton Purcell
Senior Manager, Health Promotion and MedFest
Special Olympics International
Phone: (202) 824-0287
Email: ppurcell@specialolympics.org

Application Instructions

1. Program to complete the following application (be sure you have no overdue grant reports).
2. Program to submit the signed application to your Regional Health Managers (RHMs) by October 14, 2016.
 - a. RHMs will review and revise with you as needed before sending the completed application to the FHF coordinator at SOI for consideration.
3. SOI will review all applications and send award letters to all Programs who are approved to receive funding.
 - a. Program to return the signed award contract to SOI within two weeks, ideally.
4. SOI to process the signed award contract and disburse payment to the Program, as soon as possible.
5. Program to submit the final narrative and financial report, including detailed receipts, photos, and a program evaluation are submitted through the online Qualtric System no more than 30 days after the event or activity.

NOTE: Your username and a link to the survey will be included in your award letter.
6. Program to submit the participant exit surveys (optional, but encouraged) via the online system. Link also included in the Award email.

Applications must be completed by SO Programs and include **ALL** of the following:

- A. Program Information
- B. All answers to the Family Health Forum Description questions
- C. Project Budget, in the required format
- D. Bank Information
- E. Signatures from Program
- F. Signature from the Regional President -- *The Regional Health Manager will be responsible for getting the Regional President signature prior to submitting to SOI.*

You can delete these first two pages of instructions when you submit the application.

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A. Program Information

*Required

PROGRAM INFORMATION	
*Special Olympics Program	
*Program Contact Name	
Program Address	
E-mail	
Phone	
*US\$ Amount Requested (up to \$3500 allowed)	
*Approximate Forum Date - include month, day and year (e.g., 1 March 2016)	
*Approximate length of event (in hours)	
*Location (City) of the Event	
*Event Setting	<input type="checkbox"/> Standalone Event <input type="checkbox"/> During SO Competition <input type="checkbox"/> During Healthy Athletes or Young Athletes
*Anticipated # of Participants	Family members: Athletes: Other:

Key Personnel: Please list key persons whether paid or unpaid in positions such as the National or Executive Director, Chief Financial Officer/Treasurer, or other key persons.

Position/Title	Full Name (First name, Last name)	Date of Birth* (Day, Month, Year)
*Program Board Chair		
*National/Executive Director		
*Treasurer/Chief Financial Officer		
*Program Contact		

***Note:** Failure to provide the birthday information may result in a delay in the processing of the application.



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B. Family Health Forum Description (Use additional pages as necessary)

- *Explain how this FHF supports the health work of your Program and the health needs of your athletes and their families.

- *If you have conducted FHF's in the past, how will this one differ and what have you learned from prior FHF's that will make this one stronger?

- *Please include a rough outline of the agenda? What topics will be discussed? How were these topics selected?

Recruitment and Audience:

- *Will non-Special Olympics families of people with ID be included?
___ Yes
___ No, only existing Special Olympics athletes and families will be invited
- *What is your strategy for recruiting family participants both inside and outside of SO?

- *Has a Lions Club member been invited? Yes___ No___
 - If yes, have they confirmed participation? Yes___ No___
- *What type of speakers (other than Lions club) will be invited and how will you recruit them?

- *Will any community partners be invited to participate? Yes___ No___
If yes, which ones? What will their role be?

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C. Project Budget (see Toolkit for an example budget)

Please complete the table provided for all relevant project expenses (in US \$).

- Note which expenses will be funded by the award (up to \$3,500), and which will be in-kind.
- Funds may be used to provide up to US \$100 stipends (per speaker), if necessary. Transportation, food and beverages may be included.
- Must provide a brief description and per person or per item cost for all expenses listed in the budget.

PROJECT BUDGET				
Approved Projected Expense Categories	Description of Line Item <i>Must include line items and per item/per person costs</i>	Amount Requested from SOI (US\$) (the sum of your line items for the category)	In-Kind/Cash Contributions (US\$)	Total Cost (amount requested + VIK)
Facilities (e.g. tables, chairs, tents)				
Supplies/Equipment (please list out each item and include per item and per person costs)				
Telephone/Postage (explain purpose and audience)				
Transportation (please include the number of participants and speakers and per person cost, if transport provided)				
Food/Beverages (please include # of participants who will be provided food and per person cost)				
Speaker Stipend (up to \$100 per speaker, include # of speakers)				
Other (please each expense separately)				
Total (US\$)				

You will be responsible for providing receipts for all expenses that Special Olympics International provides through the award and will upload them in these categories in Qualtrics.

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Value in Kind (VIK): Below please list the VIK, if applicable. You will need to include the organization name, the services provided, and total value of those services.

Name of Organization	Services to be Provided	Total Value of Services (in US\$)

D. Bank Information

This information is required for us to process your grant. Not including this may delay you receiving your funding.

BANK INFORMATION	
Name on Account:	
Account Number:	
Bank Name:	
Telephone:	Fax:
Bank Address:	
SWIFT Code:	IBAN:
ABA/ Routing Code:	
Corresponding Bank Name:	
Corresponding Bank Address:	
Telephone:	Fax:

No personal bank accounts will be accepted.

E. Program Signatures

Position	Printed Name	Signature	Date
SO Program Contact:			
SO Program Board Chair:			
Executive/National Director:			

F. Regional Signatures (the Regional Health Manager is responsible for submitting this)

Position	Printed Name	Signature	Date
Regional President:			

Use this space to add any additional information or more space for questions above