









SmartSimple: Primary Contact







Special Olympics  < Task Tracker Home Submission Manager Program Manager Budget Manager >    



< View New Actions Tools Logs > 3 of 85 < >

Main 2020-1136 TEST East Asia Program >   

Submission Manager Grant



Region: East Asia  




Application Type: Health Impact  



* Primary Contact: Charita Boseman  

Modified Date: 04/28/2021 12:52

Created Date: 01/13/2020 15:15


Assigned Staff: Admin  

* Organization: TEST East Asia Program   

Status: Draft  


Modified By: Laila Rabah

Created By: Carolyn East Asia

 Application Summary

Send External Emails To: 23-af3e75-1e19d7-com2-4a8bbe7e@smartsimple.com

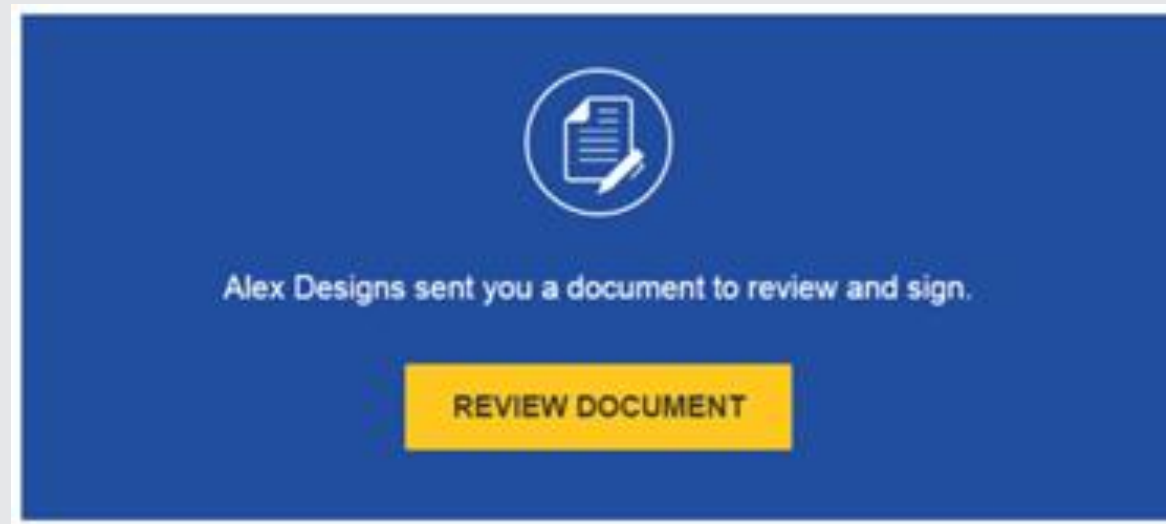
CONTACT INFORMATION APPLICATION CATEGORIES AND ACTIVITIES BUDGET PROJECT INFORMATION NEXT >

Save Draft  Submit Delete

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Click **REVIEW DOCUMENT** to begin the signing process





DocuSign



Agree to sign electronically: Review the consumer disclosure, and select the checkbox **I agree to use Electronic Records and Signatures**. Click **CONTINUE** to begin the signing process.

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 **Deana F**

 Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE

Important! To view and sign the documents, you must agree to conduct business electronically. **Note:** To view additional options, click **OTHER ACTIONS**. For more information of other actions available, please review our [Signing Documentation](#).

DocuSign



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Click the **SIGN** tag.
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Full Name **Initials**

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Michael P
02367A3E9D33485...

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MP

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By clicking Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

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DocuSign



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3. Click **ADOPT AND SIGN** to adopt and save your signature information and return to the document.
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DocuSign




Please sign the grant agreement for 2020-1437 Wisconsin Inbox x

Grants Administrator via DocuSign <dse_na2@docusign.net>
to me ▾

Thu, Apr 29, 8:19 AM ☆ ↶



Special Olympics



Grants Administrator sent you a document to review and sign.

REVIEW DOCUMENT

Grants Administrator
grants@specialolympics.org

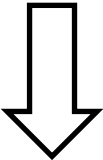
DocuSign



Please Review & Act on These Documents

 **Grants Administrator**
Special Olympics

The grant agreement for 2020-1437 Wisconsin is ready for signature. Please sign the document within 7 days.



Powered by **DocuSign**

Please review the documents below.

CONTINUE

OTHER ACTIONS ▾

2310 Crossroads Drive Ste 1000
Madison, Wisconsin 53718

Dear Test Program-Staff,

Special Olympics, Inc. ("SOI") is pleased to provide the following project funding to Wisconsin ("Program Recipient"):

Funding Source	Healthy Athletes (CDC)
Funding Purpose	Health Impact Subaward
Amount of Current Sub-Award to Program Recipient ("Grant Amount")	\$100.00
Period of Performance ("Term")	July 21, 2020 – August 01, 2020

DocuSign



view the documents below. **FINISH** OTHER ACTIONS ▾



START

April 21, 2021

Date

PROGRAM RECIPIENT

---- Please sign ----

Required - Sign Here

Sign
↓




Board Chair or CEO/National Director Signature
Test Program-Staff,Ms
Wisconsin


DocuSign



Completed: Please sign the grant agreement for 2020-1437
Wisconsin Inbox x

Grants Administrator via DocuSign <dse_na2@docusign.net> Thu, Apr 29, 8:20 AM ☆ ↶ ⋮
to me ▾

 **Special Olympics**



Your document has been completed

[VIEW COMPLETED DOCUMENT](#)

Change Request



Once the application has been approved:

- Event Date Change
- Budget Change
- Other (Need to add additional staff Etc.)

Change Request



Special Olympics Home

Welcome Test Program-Staff-Wisconsin

2 Funding Opportunities	 Organization Profile	 My Profile
0 In Progress	6 Submitted	1 Approved/Declined

Requires Attention

0 Reports - Pending	0 Payments - Pending Verification	0 Payments - Verification Submitted	0 Reports - Submitted
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Change Request



2020-1273 Wisconsin

 Application Summary

Send External Emails To: 23-afd8c0-1e19d7-com2-2e34efc4@smartsimple.com

 Change Request

CONTACT INFORMATION

APPLICATION

CATEGORIES AND ACTIVITIES

BUDGET

Change Request



* Change Request Selection

- Event Date Change
- Budget Change
- Other

For any change, if further explanation is needed attach documentation here.

Click Save before adding attachments

Change Request



* Change Request Selection

- Event Date Change
- Budget Change
- Other

* Budget Change Justification

Venue change

2487 characters left

For any change, if further explanation is needed attach documentation here.

Click Save before adding attachments

Save Draft

Submit

Change Request



For any change, if further explanation is needed attach documentation here.



Additional Questions?



Please email: Grants@Specialolympics.org