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**SPECIAL OLYMPICS**

**2024 SYSTEMS CHANGE IN INCLUSIVE HEALTH SUBGRANT**

**Letter of Interest Submission Form**

### Instructions

In order to be considered for the **Systems Change in Inclusive Health Subgrant** 2024-2025 performance period, please complete the following form. The information included here will constitute your **Letter of Interest**. As a reminder, please do not submit a full proposal or a budget at this time.

Please submit a PDF or Word document of your completed form **via email** to inclusivehealth@specialolympics.org. Save your document as “[Organization Name]-LOI.pdf” or “[Organization Name]-LOI. docx.”

Completed letters of interest must be received by **11:59 pm Eastern Time** on **April 8, 2024**.

**Regarding Word Count Limits:**

We’ve included word count limits for each section below in order to help standardize the length of the letters of interest we receive. However, if you believe it’s necessary to exceed the word count listed in order to appropriately answer the question, **you will not be penalized**. Please try to be concise if you exceed the word count limit. Similarly, if you are able to adequately answer a question using fewer words than the requested limit, that’s okay, too! Every project has different needs.

### **Contact Information**

| Organization Name |  |
| --- | --- |
| Organization Address |  |
| UEI number (formerly DUNS)\* |  |
| Primary Contact Name |  |
| Primary Contact Title |  |
| Primary Contact Email |  |
| Primary Contact Phone |  |
| Project Name |  |

\* *If your organization does not yet have a UEI number, that’s okay at this stage. However, please be advised that you’ll need one if invited to complete a full proposal.*

| Please provide a **brief description** of your organization (and/or your department’s) **purpose**. This information often exists under the “About Us” section of a website, and it might include a mission statement, vision statement, and/or a brief statement regarding your organization’s activities. *[enter your text below. Requested limit: 250 words]* |
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### **Funding Request**

Please review the information included in the **Funding Guidelines** **&** **Request for Letters of Interest** document (available [here](https://media.specialolympics.org/resources/inclusive-health/2024-SO-Funding-Guidelines-RFLOI.pdf)) for more detailed information regarding which track of funding is the right fit for your organization.

| My organization is positioned to create systems change at the **state and/or national levels**. | If yes, you may request **up to** **$50,000** in funding. |
| --- | --- |
| My organization is positioned to create systems change at the **city, county, and/or local levels**. | If yes, you may request **up to** **$25,000** in funding. |

| **Funding Request:** | $ |
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### **Project Description**

The Special Olympics **Systems Change in Inclusive Health Subgrant**, supported by the Centers for Disease Control and Prevention[[1]](#footnote-0), is intended to help **catalyze systems change in inclusive health**.

| **Systems Change** is an approach to problem-solving that confronts the **root causes** of social issues, not the symptoms.  For example, rather than creating programs designed uniquely to meet the needs of people with intellectual disabilities, a systems-change approach would be to transform the greater system so that it works for all the members of a given community.  Systems change transforms structures, power dynamics, and policies, with the goal of improving outcomes for everyone, inclusive of our many differences. |
| --- |

We recognize that catalyzing true systemic change can take time: many projects may need longer than one year to be effectively implemented. While this grant opportunity can only approve funding on an **annual basis**, we are hoping to build partnerships that continue for multiple years, so long as funding remains available and project goals continue to be met.

For now, please share your **big-picture vision** for how you propose to catalyze systemic change in inclusive health, even if your project will take multiple years to implement. If invited to submit a full proposal, all multi-year projects will need to be broken down to reflect **annual performance goals,** which will be approved for funding one year at a time.

| 1. **Understanding the Problem:** Please provide a brief narrative identifying the **systemic barrier** you want to change and how the current system excludes and/or perpetuates health disparities among people with intellectual disabilities (ID). *[enter your text below. Requested limit: 500 words]* |
| --- |
|  |
| 1. **Identifying the Solution:** Please provide a brief descriptionof your **proposed project**. How will your project change the system you identified above to be more inclusive of people with ID and responsive to their needs, but without segregating people with ID from the rest of the community? *[enter your text below. Requested limit: 500 words]* |
|  |
| 1. **“Nothing About Us Without Us:”** How do you plan to **meaningfully consult** withand include people with intellectual disabilities and their supporters in your project design and implementation? *[enter your text below. Requested limit: 500 words]* |
|  |
| 1. **Reach**: Please indicate if you expect your project to accomplish systems change at the **local** (including within a single institution or at the neighborhood/city/county/regional levels), **state**, or **national** levels. Smaller, localized organizations requesting to be funded at the $50,000 level will need to demonstrate that their project has state and/or national reach. *[enter your text below. Requested limit: 250 words]* |
|  |

### **Optional:** Priority **Areas**

Special Olympics will give due consideration to all expressions of interest for 2024 Systems Change in Inclusive Health Subgrants. However, we are especially interested in projects addressing the following areas (listed in order of priority):

1. **Intersectional Inclusion**. Projects designed to reach people with ID who also experience an intersecting identity exposing them to poorer health outcomes will be prioritized for funding. Appropriate projects could include (but are not limited to):
   1. Projects that benefit people with ID who are Black, Indigenous, and/or People of Color (**BIPOC**).
   2. Projects designed to improve the health of **women and/or girls** with ID (including projects specific to women’s health and/or well-woman care).
   3. Projects centered around the health of people with ID who are members of the **LGBTQIA+** community.
   4. Projects centered around people with ID who experience **poverty.**
2. **Inclusive Public Health.** Projects that initiate systems change within city, county, and state health department practices will be prioritized for funding.
3. **Inclusive Nutrition & Health.** Projects aligned with the National Strategy on Hunger, Nutrition, and Health (as [outlined](https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf) during the White House Conference held in September of 2022) will be prioritized for funding.

| 1. Please indicate if your project aligns with one or more of our identified priority areas, and include a short narrative to help us understand the connection. *[enter your text below. Requested limit: 500 words]* |
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|  |

### **Acknowledgments & Next Steps**

Please mark an “X” in the box next to each statement to indicate your understanding.

**I understand that if invited to submit a full proposal, my organization will be expected to:**

|  | Meet all mandatory eligibility requirements as outlined in the **Funding Guidelines & Request for Letters of Interest** [document](https://media.specialolympics.org/resources/inclusive-health/2024-SO-Funding-Guidelines-RFLOI.pdf). |
| --- | --- |
|  | Provide more detailed information about our project, including specific project activities, goals, and the anticipated impact. We’ll also be asked to define our evaluation criteria according to evidence-based practices. |
|  | Prepare a timeline that aligns with the constraints of the funding period. All of our budget expenses must fall within our project timeline. |
|  | Submit a detailed budget according to the grant’s guidelines and restrictions. Our organization will need to have the capacity to manage any funds we receive, and we will need to have enough cash flow available to cover the final 15% of project expenses until they are reimbursed at the conclusion of the grant program period. |
|  | Complete a federal contracting process, which may involve a series of budget and project revisions in order to ensure alignment with federal regulations. Special Olympics International (SOI) staff will help streamline this process as much as possible. |

### **Thank You!**

We appreciate you taking the time to complete this letter of interest, and we look forward to reading about your proposed project.

Please submit this completed form **via email** to inclusivehealth@specialolympics.org. Save your document as “[Organization Name]-LOI.pdf” or “[Organization Name]-LOI.docx.”

Completed letters of interest must be received by **11:59 pm Eastern Time** on **April 8, 2024.**

1. Special Olympics Health is supported by the U. S. Centers for Disease Control and Prevention (CDC) and bound by all federal guidelines under 2 CFR 200. The contents of cooperative agreement # NU27DD0000210100 are the responsibility of Special Olympics and do not necessarily represent the views of CDC. [↑](#footnote-ref-0)