**Graphical user interface, application, website

Description automatically generated**

**SPECIAL OLYMPICS**

**2025-2026 SYSTEMS CHANGE IN INCLUSIVE HEALTH SUBGRANT**

**Request for Proposals**

### Instructions

To complete your full proposal for the **Systems Change in Inclusive Health Subgrant** 2025-2026 performance period, please answer the questions contained in this document. Please only complete this document if you have been invited to do so following the submission of a successful **Letter of Interest**.

Then, submit the following materials by **11:59 pm Eastern Time** on **May 2, 2025:**

* **Proposal.** Save this document as a PDF or Microsoft Word file, and submit it **via email** to [inclusivehealth@specialolympics.org](mailto:inclusivehealth@specialolympics.org). Save your document as “[Organization Name]-Proposal.pdf” or “[Organization Name]-Proposal.docx.”
* **Screenshot** of your organization’s page on SAM.gov, making sure both your organization’s name and UEI number are clearly visible. Submit via email along with your proposal.
* **Budget.** Submit via SmartSimple online grant management system according to separate instructions provided by SOI staff. You can find the budget template [here](https://media.specialolympics.org/inclusive-health/The-Budget-Template-2025.xlsx).

**Regarding Word Count Limits:**

We’ve included word count limits for each section below in order to help standardize the length of the proposals 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 |  |
| [UEI](https://sam.gov/content/duns-uei) number (formerly DUNS) |  |
| [EIN](https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers) number |  |
| Primary Contact Name |  |
| Primary Contact Email |  |
| Primary Contact Phone |  |
| Name of Person Authorized to Sign Grant Contract |  |
| Contract Signer’s Email |  |
| Contract Signer’s Phone |  |
| Project Name |  |

### Eligibility

Please mark an “X” in each box to confirm your project’s eligibility.

|  |  |
| --- | --- |
|  | My organization is a U.S.-based company or non-profit organization, not an individual. |
|  | My organization has an active, publicly-viewable registration in the System for Award Management (SAM.gov). |

To confirm your eligibility, please log into SAM.gov and **take a screenshot** of your organization’s page, making sure both your organization’s name and UEI number are clearly visible. **Submit this screenshot** along with your completed proposal.

### Funding Request

Please ensure that your request aligns with the funding award limit included in the email you received from Special Olympics when you were invited to submit a full proposal.

|  |  |
| --- | --- |
| **Funding Request:** | $ |

### Project Implementation & Impact

The following questions are related to the project description outlined in your **letter of interest**.

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.

Projects that will take multiple years to implement should be broken down to reflect **annual performance goals**. Feel free to include information about other aspects of your project that may fall outside of the performance period if it provides important context, but all questions should be answered as they pertain to the period from **early** **August, 2025 – June 30, 2026**.

|  |  |
| --- | --- |
| 1. **Short Summary.** Please share a short summary of your project that is 2-4 sentences long. This description will be shared with people with IDD during the review process, so please use plain language and avoid jargon and acronyms. Here’s a [great tool](https://splasho.com/upgoer5/) that might help. Don’t worry about getting your summary exactly “right” – just do your best to share the idea in a simple way. *[enter your text below. Requested limit: 125 words]* | |
|  | |
| 1. **Project Activities.** Please expand on the project description that you included in your letter of interest and on your short summary above. What are the specific project activities that will be necessary to accomplish your goal of catalyzing systems change? (Helpful details might include a high-level overview of the **people** involved, the specific **activities** you’re planning, and the **results** you’re hoping for. Please be sure to specify how **people with IDD** will be meaningfully included in your work.)   If you are a 2024-2025 subgrant recipient, please describe how your project will expand on the work of your previous project.  *[enter your text below. Requested limit: 1,200 words]* | |
|  | |
| 1. **Project Goals.** Please specify 2-4 primary goals for your project. Your goals should be specific and measurable. For projects that will take multiple years to implement, you may share your long-term goals for context if necessary, but please also articulate 2-4 specific goals that align with the annual performance period of early August 2025 – June 30, 2026. If your proposal is funded, these goals will become part of the metrics we’ll ask you to report on. *[enter your text below. A numbered or bulleted list of goals with clarifying text as necessary is acceptable. Requested limit: 500 words]* | |
|  | |
| 1. **Project Impact: Quantitative.** How many people will your project impact? [*Please complete the table below based on the current funding period of early August, 2025 - June 30, 2026]* | |
| People with intellectual disabilities (ID): |  |
| Caregivers (including parents, guardians, and full-time allies or support staff): |  |
| Other (including providers, professionals, administrative staff, part-time allies or disability support staff, and other project beneficiaries): |  |
| **Optional: Notes Regarding Quantitative Impact.** Feel free to include any notes that will help clarify or expand on your responses regarding the number of people impacted. If you are proposing a multi-year project, you can use this space to share rough estimates regarding how many people you think your project will impact in future years. *[enter your text below. Requested limit: 250 words]* | |
|  | |
| 1. **Project Impact: Qualitative.** Beyond the number of people served, what additional impact will your project have? You can include direct and indirect anticipated impacts. *[enter your text below. Requested limit: 500 words]* | |
|  | |

### Evaluation & Methodology

|  |
| --- |
| 1. Please describe the criteria you’ll use to **evaluate** your project. Your evaluation criteria should allow you to measure the success of your project goals. Priority will be given to projects that utilize evidence-based evaluation practices. *[enter your text below. Requested limit: 500 words]* |
|  |

### Project Timeline

As indicated above, we recognize that many projects may need longer than one year to be effectively implemented. However, this grant opportunity can only approve funding on an **annual basis**.

Please feel free to share high-level project milestones that extend past the current performance period if it provides helpful context. However, your project timeline will be evaluated based on milestones that occur during the **current performance period**.

|  |
| --- |
| 1. Please share a project timeline that aligns with the grant’s performance period of **early** **August, 2025 – June 30, 2026**. You may submit a bulleted list, a table, or a narrative description. *[enter your text below. Please include significant project milestones only. Requested limit: approximately one page]* |
|  |

### Budget

Please carefully review the full list of **Budget Guidelines & Restrictions**, provided in the [Funding Guidelines & Request for Letters of Interest](https://media.specialolympics.org/resources/inclusive-health/2025-2026-SO-Funding-Guidelines-RFLOI.pdf) (RFLOI) document. Then, complete and submit your budget in Excel form along with your proposal. Please use the budget template, [here](https://media.specialolympics.org/inclusive-health/The-Budget-Template-2025.xlsx).

If your project is selected, you will be asked to submit your budget via the SmartSimple online grant management system according to instructions provided by SOI staff.

**Salaries**

Please take the time to ensure that the “**Salaries” section** of your budget is thorough and complete:

* In the “Description” column, please include each staff member’s name, job title, and compensation type (salaried or hourly).
* In the “Justification” column, please provide a brief description of each staff member’s role in the project.
* In the “% Time Spent” column, please enter the percentage of time each staff member spends on project implementation. For example, if a salaried staff member works 160 hours per month and 10% of their time is spent on the project, you would enter 10% (effectively billing for 16 hrs/mo).
* In the “Months / No. of Hrs” column, enter the appropriate number of months or hours (taking into account the performance period of early August, 2025 – June 30, 2026, which is a ten-month period).
* In the “Monthly / Hourly Rate” column, the pay rate should be entered as EITHER a monthly rate OR an hourly rate. Please make the appropriate choice that reflects the specific staff member’s form of compensation.
* **Example 1:** A salaried employee is paid $120,000/year and devotes 10% of their time to the project.
  + Percent of time is entered as 10%, number of months is 10, and the monthly rate is $10,000/month ($120K/yr divided by 12 months). The budget sheet will auto-calculate the budget total as $10,000.
* **Example 2**: A salaried employee is paid $75,000 a year and devotes 15% of their time to the project.
  + Percent of time is entered as 15%, number of months is 10, and the monthly rate is $6,250/month ($75K/yr divided by 12 months). The budget sheet will auto-calculate the budget total as $9,375.
* **Example 3**: An hourly employee is paid $25/hr and works 40 hours per week, devoting 50% of their time to the project. However, the employee will only work on this project for six months before moving on to another project.
  + First, we calculate the number of total hours. The employee works 40 hr/wk for 26 weeks. 40 x 26 = 1,040 hours.
  + Next, we enter the figures into the table. Percent of time is entered as 50%, number of hours is 1,040, and the hourly rate is $25/hr. The budget sheet will auto-calculate the budget total as $13,000.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description**  **(list name and title)** | **Justification** | **% Time Spent** | **Months/ No. of Hrs** | **Monthly / Hourly Rates ($)** | **Budget Total** |
| **Example 1:**  Imani Williams, Director of Public Health Practice and Partnerships (salaried - paid  monthly) | Director Williams is the lead contact for the inclusive public health assessment project. She also manages relationships with 54 local public health agencies across the state, and this new assessment will serve as a model for those agencies. Director Williams will set the objectives, make key decisions, and is responsible for reporting on the project’s progress to the greater Department of Public Health (DPH). | 10% | 10 months | $10,000/mo | $10,000 |
| **Example 2:**  Jeong Park, Public Health Manager  (salaried - paid  monthly) | Mr. Park will implement strategies set by Director Williams and the DPH. He will enlist the necessary contractors and vendors to develop the new assessment, and he will collaborate with Ms. Singh on project management. | 15% | 10 months | $6,250/mo | $9,375 |
| **Example 3:**  Alisha Singh, Public Health  Specialist  (paid hourly) | Ms. Singh will coordinate subject matter experts to guide the creation of new assessment questions. She will act as the liaison between the department and the steering committee of people with ID and their supporters. She will also assist with general project management. | 50% | 1,040 hours | $25/hr | $13,000 |

**Benefits**

* Benefits (if applicable) should be prorated to match the calculated salary and are allowable up to 22% of the total salary amount. Only medical, 401k, insurance, and vacation pay are allowable.
* Please enter benefits for each salaried staff member as an individual line in the budget.

**Indirect Costs**

* If you plan to include indirect costs in your budget, please note that our grant management system does not include an indirect costs section. You can still include indirect costs (in alignment with the funding guidelines), but please list them under Project Direct Supplies.

**Travel**

* Travel expenses must be in compliance with GSA rates. Please include the location in the Description section of the budget.
* On travel days, per diem rates are 75% of the full per diem rate.
* Please list out all travel expenses (flights, hotel, car rental, meals) as separate line items.

For Example:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Justification** | **No. of Travelers** | **No. of Trips/Days/Room Nights** | **Unit Cost ($)** | **Budget Total** | **Comments** |
| Hotel for 2 staff to Disability Policy Seminar in Washington, DC in April | Seminar will provide education on concerns of people with disabilities and opportunities to network with partners in the field. | 2 | 3 | $276 |  |  |
| Flights for 2 staff to Disability Policy Seminar in Washington DC in April | [same as above] | 2 | 1 | $500 | $1000 |  |
| Meals for 2 staff at Disability Policy Seminar in Washington, DC  2 travel days ($X each), 2 full days ($X each) | [same as above] | 2 | 4 | [average considering travel days] |  |  |

**Additional Budgeting Guidance:**

* Please include ample **detail** in each budget line item description. This will save time on revisions.
* For contractors, please use the “Justification” column to specify the aspects of the consultant/contractor’s expertise that are not within the scope of the organization’s existing human resources
* Please include **unit costs** for all items purchased in multiples.

Projects approved for funding will receive 85% of their funding award at the contract’s signing / performance period initiation. The final 15% of each funding award will be disbursed following acceptance of a final report and supporting financial documents, including receipts, pay stubs, timesheets, and contractor agreements, as required. If projects do not spend their entire funding award, they will be reimbursed according to the actual expenses incurred.

All requested funds must be spent during the current performance period of **early August, 2025 – June 30, 2026.**

### Thank You!

We appreciate you taking the time to submit a grant proposal. We look forward to learning more about your proposed project!

* Please submit your **proposal** **via email** to inclusivehealth@specialolympics.org. Save your document as “[Organization Name]-Proposal.pdf” or “[Organization Name]-Proposal.docx.”
* Please submit a **screenshot** of your organization’s page on SAM.gov, making sure both your organization’s name and UEI number are clearly visible. Submit **via email** along with your proposal.
* Please submit your **budget** **via SmartSimple** according to separate instructions provided by SOI staff.

Completed applications and budgets must be received by **11:59 pm Eastern Time** on **May 2, 2025.**