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**SPECIAL OLYMPICS**

**2023 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** 2023-2024 performance period, please complete the following form. The information included here will constitute your **Letter of Interest**. 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 **June 23, 2023**.

**Regarding Word Counts:**

Feel free to use as many words as you need in order to answer each question: there is no specific word count restriction. We’ve included suggestions when applicable. If we have questions, we’ll ask you to clarify your answers. Thank you!

### **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**. |
| --- |
| *[enter your text here. Use as much space as you need, but we think 1-2 paragraphs should be enough.]* |

### **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/Guidelines-RFLOI-2023.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 level**. | 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 level**. | If yes, you may request **up to** **$25,000** in funding. |

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

### **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 perpetuates health disparities and/or excludes people with intellectual disabilities (ID). |
| --- |
| *[enter your text here. Use as much space as you need, but we think anywhere from two paragraphs to two pages should be enough.]* |
| 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 more responsive to their needs? |
| *[enter your text here. Use as much space as you need, but we think anywhere from two paragraphs to two pages should be enough.]* |
| 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 here. Use as much space as you need, but we think anywhere from one paragraph to one page should be enough.]* |
| 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. |
| *[enter your text here. Use as much space as you need, but we think one or two words to one paragraph of text should be enough.]* |

### **Optional: Focus Areas**

Special Olympics will give due consideration to all expressions of interest for 2023 Systems Change in Inclusive Health Subgrants. However, we are especially interested in projects addressing:

* **Intersectional Inclusion**. Projects intentionally reaching people with ID who also experience an intersecting identity that exposes them to poorer health outcomes (e.g., BIPOC, women/girls, low socioeconomic status, etc.) will be prioritized for funding.
* **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.
* **Inclusive Public Health.** Projects that initiate systems change within city, county, and state health department practices will be prioritized for funding.

| 1. Please indicate if your project aligns with one of our identified focus areas, and include a short narrative to help us understand the connection between your project and the focus area. |
| --- |
| *[enter your text here. Use as much space as you need, but we think anywhere from one paragraph to one page should be enough.]* |

### **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/Guidelines-RFLOI-2023.pdf). |
| --- | --- |
|  | Provide more detailed information about our project, including specific project activities, goals, outcomes, 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 **June 23, 2023.**

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)