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**SPECIAL OLYMPICS**

**2023 SYSTEMS CHANGE IN INCLUSIVE HEALTH SUBGRANT**

**Request for Proposals**

### Instructions

To complete your full proposal for the **Systems Change in Inclusive Health Subgrant** 2023-2024 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 **July 28, 2023:**

* **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.”
* **Budget.** Submit via SmartSimple online grant management system according to instructions provided by SOI staff.

**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 |  |
| --- | --- |
| UEI number (formerly DUNS) |  |
| 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). |

### **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 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 **October 2, 2023 – June 30, 2024**.

| 1. **Project Activities.** Please expand on the project description you included in your letter of interest. What are the specific project activities that will be necessary to accomplish your goal of catalyzing systems change? (Helpful details might include the **people** who will be involved, the material and immaterial **resources** required, and the **outputs** that will be the result of your efforts. Please also specify how people with intellectual disabilities will be meaningfully included in your work.) | |
| --- | --- |
| *[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. **Project Goals.** Please specify 2-4 primary goals for your project. Your goals should be specific and measurable. | |
| *[enter your text here. Use as much space as you need, but we think a numbered or bulleted list of goals with clarifying text as necessary should work fine.]* | |
| 1. **Project Outcome**. If you’re successful, what will be the outcome of your project? For projects that will take multiple years to implement, you may share an overall outcome, but please also articulate an outcome that aligns with the annual performance period of October 2, 2023 – June 30, 2024. | |
| *[enter your text here. Use as much space as you need, but we think anywhere from one paragraph to two pages should be enough.]* | |
| 1. **Project Impact: Quantitative.** How many people will your project impact?\* [*Please complete the table below based on the current funding period of October 2, 2023 - June 30, 2024]* | |
| 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): |  |
| **\* Notes regarding quantitative impact (optional):** | |
| *[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]* | |
| 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 here. Use as much space as you need, but we think anywhere from two paragraphs to two pages should be enough.]* | |

### **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 here. Use as much space as you need, but we think anywhere from two paragraphs to two pages should be enough.]* | |

### **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 **October 2, 2023 – June 30, 2024**. | |
| --- | --- |
| *[enter your text here. Use as much space as you need, but we think anywhere from two paragraphs to one page should be enough. You may submit a bulleted list, table, or narrative description.]* | |

### **Budget**

Please carefully review the full list of **Budget Guidelines & Restrictions**, provided in the Funding Guidelines & Request for Letters of Interest document, located [here](https://media.specialolympics.org/resources/inclusive-health/Guidelines-RFLOI-2023.pdf). Then, complete and submit your budget via the SmartSimple online grant management system according to instructions provided by SOI staff.

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 October 2, 2023 – June 30, 2024, which is a nine-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 9, and the monthly rate is $10,000/month ($120K/yr divided by 12 months). The budget sheet will auto-calculate the budget total as $9,000.
* **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 9, and the monthly rate is $6,250/month ($75K/yr divided by 12 months). The budget sheet will auto-calculate the budget total as $8,437.50.
* **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% | 9 months | $10,000/mo | $9,000 |
| **Example 2:**  Jeong Park, Public Health Manager  (salaried - paid  monthly) | Jeong 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 Alisha on project management. | 15% | 9 months | $6,250/mo | $8,437.50 |
| **Example 3:**  Alisha Singh, Public Health  Specialist  (paid hourly) | Alisha 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 |

Projects approved for funding will receive 85% of their award at the beginning of the performance period. The remaining 15% of funding will be awarded in July of 2024, after receipt of a completed final grant report.

All requested funds must be spent during the current performance period of **October 2, 2023 – June 30, 2024.**

### **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 your **budget** **via SmartSimple** according to instructions provided by SOI staff.

Completed applications and budgets must be received by **11:59 pm Eastern Time** on **July 28, 2023.**