Innovation Grant Application – Cycle 4.5

Start of Block: Introduction

**Youth Innovation Grant Application**

Innovation Grants are project-based grants awarded to Youth Leaders with and without intellectual disabilities (ID) to promote inclusion in their school or community.

**Individuals who are eligible to apply include:**

• Youth Leaders ages 14-25 (If applying as a Unified Pair - one youth with ID and one youth without ID - both youth MUST be within the required age range at the time the application is submitted).

**Projects will expand on inclusion in a variety of areas. Examples of elements the projects should include:**

• Create new or expand existing Unified Schools

• Engage new inclusive Youth Leaders

• Drive sustainability and quality in digital youth/school-based programming

Applicants MUST send to their completed application to Regional Youth/Schools Staff. Emails will be provided at the end of the application.

**Application due date is ­­­­­6 July 2020. Applicants will be notified if their project was selected by 30 July 2020. Final reports will be due 30 days after the project is completed**.

For Project examples, please visit [here](https://www.specialolympicsglobalyouth.org/fea).

**Parent Release**

**If you are younger than 18 years old, your parent or guardian must complete this application and sign this Release Form.  Please read and sign below.**

As an applicant for the Grant, I agree to the following:

1.    Likeness Release.  I give permission to Special Olympics, Inc., Special Olympics games/local organizing committees, and Special Olympics accredited Programs (collectively “Special Olympics”) and Special Olympics partners and sponsors to use my likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics, raise funds for Special Olympics, and acknowledge partners’ and sponsors’ support for Special Olympics.

2.    Personal Information.  I understand that Special Olympics will be collecting my personal information as part of my application for the Grant, including my name, contact information, and other personally identifying information I provide to Special Olympics (“personal information”).  The organization responsible for protecting my personal information under data protection laws is Special Olympics, Inc. (also known as Special Olympics International).

·  I understand Special Olympics is using my personal information in order to review my application, communicate with me about the Grant and administer the Grant program.

·  I understand Special Olympics may disclose my personal information with government as necessary to protect public safety, respond to government requests, and report information as required by law.

·  I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.

·  I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct, delete and restrict the processing of my personal information.  I have the right to withdraw any consent I give regarding my personal information with effect to the future.  I have a right to have my personal information sent to another organization on my request.  I have the right to file a complaint with a local data protection authority.

3. Privacy Policy.  Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.

If I have any questions or wish to exercise any of my rights, I can contact Special Olympics, Inc. at privacy@specialolympics.org.

**Parent / Guardian Information** (required for applicants under 18 or lacking legal capacity).

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Introduction

Start of Block: Program Information

**Participant and Program Information**

Please provide information about Youth Leaders, Special Olympics Program Staff, and Project Mentor within the following questions.

Special Olympics Program

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First (given) name of first Youth Leader

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Last (family) name of first Youth Leader

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Date of birth (day/month/year)

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Is the Youth Leader under the age of 25 as of 1 April 2020?

* Yes
* No

Gender of first Youth Leader

* Male
* Female
* Other
* Prefer not to identify gender

Current city

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Does Youth Leader have an Intellectual Disability?

* Yes
* No
* Prefer not to answer

First Youth Leader email address

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First Youth Leader phone number

Please provide country code

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Social Media:  First Youth Leader   
  
Social media allows our Innovation Grant recipients to share their project with a global audience. If you are interested in using your personal social media to share your project, please insert your social media information below. If you do not have an account, please enter “N/A.”

* Facebook \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Twitter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Instagram \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* YouTube \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WeChat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WhatsApp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a sibling of an individual with Intellectual Disability?

* Yes
* No

Are you applying as a Unified Pair with your sibling with ID?

* Yes
* No

Is there another Youth Leader helping to lead the project?

* Yes
* No

If there is another Youth Leader helping to lead the project, please answer Q18-31.

First (given) name of second Youth Leader

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last (family) name of second Youth Leader

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Date of birth (day/month/year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Youth Leader under the age of 25 as of 1 April 2020?

* Yes
* No

If the second youth leader is under the age of 18, please complete Q22.

**Parent Release**

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As an applicant for the Grant, I agree to the following:

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·  I understand Special Olympics is using my personal information in order to review my application, communicate with me about the Grant and administer the Grant program.

·  I understand Special Olympics may disclose my personal information with government as necessary to protect public safety, respond to government requests, and report information as required by law.

·  I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence.

·  I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct, delete and restrict the processing of my personal information.  I have the right to withdraw any consent I give regarding my personal information with effect to the future.  I have a right to have my personal information sent to another organization on my request.  I have the right to file a complaint with a local data protection authority.

·  Privacy Policy.  Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.

·  If I have any questions or wish to exercise any of my rights, I can contact Special Olympics, Inc. at privacy@specialolympics.org.

Parent / Guardian Information (required for applicants under 18 or lacking legal capacity).

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender of second Youth Leader

* Male
* Female
* Other
* Prefer not to identify gender

Current city

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Does the youth leader have an Intellectual Disability?

* Yes
* No
* Prefer not to answer

Second Youth Leader’s email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Youth Leader phone number

Please provide country code

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Social Media: Second Youth Leader  
  
Social media allows our Innovation Grant recipients to share their project with a global audience.   
  
If you are interested in using your personal social media to share your project, please insert your social media information below. If you do not have an account, please enter “N/A.”

* Facebook \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Twitter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Instagram \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* YouTube \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WeChat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WhatsApp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a sibling of an individual with an Intellectual Disability?

* Yes
* No

Are you applying as a Unified Pair with your sibling with ID?

* Yes
* No

First (given) name of Special Olympics Program staff member supporting the project

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Last (family) name of Special Olympics Program staff member supporting the project

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Program Staff Member email address

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The project mentor is an adult that will work closely with the youth to help execute the project. Typically this is a teacher, coach, parent, or other adult figure that works closely with the young person(s) executing the project.

Is this Program staff also the project mentor?

* Yes
* No

If the Program staff is also the project mentor, please skip the 4 questions in this section.

First (given) name of project mentor

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Last (family) name of project mentor

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Current professional title

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Project mentor email address

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What experience does the program staff/project mentor have that will help the youth leaders execute their project?

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End of Block: Program Information

Start of Block: Narrative Proposal

**Project Objectives**: Select the objective(s) that this project will achieve (select all that apply):

* Create new or expand existing Unified Schools programs
* Drive sustainability and quality in digital youth programming
* Engage new Youth Leaders
* Host digital advocacy events
* Support Special Olympics programming in another area (please describe)

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* Other (please describe)

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**Name of Project:**  
    
 For Project title examples, please visit: <https://www.specialolympicsglobalyouth.org/fea>

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**Project Description**: Please give a brief 2-3 paragraph overview of your project.    
    
Please include details such as how your project will increase inclusion, what inspired you to plan this project, what excites you, how will the project be conducted with social distancing measures in place and what does being a part of the Unified Generation mean to you?   
   
For Project examples, please visit: <https://www.specialolympicsglobalyouth.org/fea>

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**Project Goals**: Please provide the top 3 goals you wish to achieve with this project.

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**Project Focus:** What areas will your project focus on? Please select all that apply.

* Advocacy (eg: Spread the Word Not the Virus Campaign)
* Leadership (eg: Digital Youth Summit)
* Unified Sports
* Unified Schools
* Sibling Engagement
* Technology (eg: Coding classes, social media training)
* Health and Wellness (eg: Home exercises, COVID-19 education)
* Art and Creativity (eg: Inclusive Art Program)
* Community Engagement (eg: Inclusive Dance/Activities)
* Fundraising (eg: Polar Plunge)

**Project Timeline:** This is how much time it will take to complete the project from the date that funding is distributed. Please determine which project timeline matches your needs.

* 1 month
* 2 months
* 3 months

**1 Month Project Timeline**: Please outline project activities for each month

* Month 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2 Month Project Plan**: Please outline project activities for each month

* Month 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Month 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 Month Project Plan**: Please outline project activities for each month

* Month 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Month 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Month 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Metrics**: Please indicate the metrics that will be achieved as a direct result of this project. Metrics are used to describe how many of the following items will be achieved through your project.

**For a full glossary of the metrics, please click** here.

|  |  |
| --- | --- |
|  | Target Number |
| Number of youth with and without ID actively engaged in planning of the project |  |
| Number of Unified Schools with expanded programming |  |
| Number of new Unified Schools |  |
| Number of new Unified Champion Schools |  |
| Number of new youth leaders |  |
| Number of Special Olympics athletes (people with ID) engaged by the project |  |
| Number of people without ID engaged by the project |  |
| Total social media impressions |  |
| Number of new Unified Sports Clubs |  |

**Project Evaluation Plan**: Please select how you will evaluate the success of the project (select all that apply)

* Number of written agreements created
* Survey conducted
* Interviews
* Social media impressions
* Event sign in sheet
* Metrics achieved
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Sharing Plan** - Please select how you will share and promote your project with others (select all that apply)

* Social media
* Newspapers
* Television
* Radio
* Flyers
* Presentations
* Posters
* Brochures
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Narrative Proposal

Start of Block: Budget Proposal

I understand that Microsoft Teams will be used for communication and collaboration throughout the innovation grant period, and am willing to use the free online platform.

* Yes
* No

**Budget Request:** How much funding (in USD) are you requesting for your project?

* $1,000 USD
* $500 USD
* No Funding

**Budget Proposal**

Please enter the amount you will spend on each category in US dollars. If a category does not apply to you, please write $0. This must add up to the amount of funding requested.

Digital Software Subscriptions: \_\_\_\_\_\_\_

Supplies: \_\_\_\_\_\_\_

Advertising/Marketing: \_\_\_\_\_\_\_

Equipment: \_\_\_\_\_\_\_

Printing: \_\_\_\_\_\_\_

Miscellaneous: \_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_

End of Block: Budget Proposal

Start of Block: Signature Page

**Additional Application Materials**

Download the [Innovation grant program support letter](https://specialolympics.qualtrics.com/CP/File.php?F=F_79ivjhzc7g4CIpT). Please sign and submit your program support letter and photos of the Youth Leaders along with this application.

I would be willing to engage with donors and partners of Special Olympics International in the planning or execution of my project, if an opportunity is available near me. Examples of Special Olympics International partners include the Stavros Niarchos Foundation, the Samuel Family Foundation, Hasbro, and Lions Club International, amongst others.

**Examples of this could include:**

· A mentorship with an employee of a donor or corporate partner of Special Olympics International

· Attending a training or other event held by a partner of Special Olympics International · Attending an event at the office of a partner of Special Olympics International to share the story of the Youth Innovation Project

·Participating in an interview with a partner of Special Olympics International to capture and share the story of the Youth Innovation Project

* I am willing
* I am not willing

By marking this box, I am consenting to receiving communications from Special Olympics (like newsletters and announcements).  I understand I can unsubscribe any time.

* I consent

End of Block: Block 6

Start of Block: Block 5

**Final Reporting:** Final Reports will be due 30 days after the completion of the project and a final report template will be provided. The following information will be required for the final report:

* Narrative report describing the Youth Leader's experience with the project. This
* could be done through:
  + Written blog post
  + Video/Video blog
  + Adobe Spark webpage
* 10 pictures and a 30 second video of the project or 15 pictures of the project
* 1 quote from a person with ID that was impacted by the project
* 1 quote from a young person without ID that was impacted by the project
* 1 quote from an adult that was involved with the project
* Metrics achieved
* Financial Report to report on where the funding was spent (receipts will need to be saved by the Program but do not need to be shared with SOI HQ) Share all media links about the project (e.g. YouTube video created, online news article, etc.)

Please sign below to agree to the terms of the final report

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Block 5

**To submit your application, please email your Special Olympics Regional Youth/School staff member:**   
  
**Africa:** Ngawa Mumba - [nmumba@specialolympics.org](mailto:nmumba@specialolympics.org?subject=Youth%20Innovation%20Grant%20Application), Crystal Tettey - [ctettey@specialolympics.org](mailto:ctettey@specialolympics.org), Tanya Nzvengende - [tnzvengende@specialolympics.org](mailto:tnzvengende@specialolympics.org)  
**Asia Pacific:** Lynn Tan - [ltan@specialolympics.org](mailto:ltan@specialolympics.org?subject=Youth%20Innovation%20Grant%20Application), Bella Choo - [bchoo@specialolympics.org](mailto:bchoo@specialolympics.org)

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