(Cycle 6) Innovation Grant Application

Start of Block: Introduction

Q1 **Youth Innovation Grant Application** ­
 Innovation Grants are project-based grants of $500, $1000, $1500, or $2000 USD 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 programs • Engage new inclusive youth leaders • Drive sustainability and quality in digital or in-person youth and school-based programming • Host advocacy events on school campuses or within the community    Once Youth Leaders have submitted their application, they will be redirected to a page to download their application. Applicants MUST download and send to their Regional Youth/Schools Staff and save a record for their files. Emails will be provided at the end of the survey.    Please keep in mind that you can start the application and then save and finish the application at another time.   **Application due date is 15 April 2021. Applicants will be notified if their project was selected by 3 May 2021. Final reports will be due 30 days after the project is completed**.   For Project examples, please visit [here](https://www.specialolympicsglobalyouth.org/youth-innovation-projects).

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Q64  **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.   ·  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.

Q62 **Parent / Guardian Information** (required for applicants under 18 or lacking legal capacity).

* Name (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Introduction

Start of Block: Program Information

Q67 **Participant and Program Information**
Please provide information about Youth Leaders, Special Olympics Program Staff, and Project Mentor within the following questions.

Q55 Special Olympics Program

▼ Select Special Olympics Program (3) ... Israel (230)

Q77 Have you attended a Special Olympics Youth Leadership event? (select all that apply)

* 2015 Global Youth Leadership Summit in Los Angeles, USA (1)
* 2017 Global Youth Leadership Summit in Graz, Austria (2)
* 2018 Global Youth Leadership Forum in Baku, Azerbaijan (4)
* 2019 Global Youth Leadership Summit in Abu Dhabi, UAE (5)
* 2019 Special Olympics Africa Regional Youth Leadership Summit (9)
* 2019 Special Olympics East Asia Regional Youth Leadership Summit (10)
* 2019 Special Olympics Asia Pacific Regional Youth Leadership Summit (11)
* 2020 Special Olympics Middle East North Africa Regional Youth Leadership Summit (12)
* 2020 Special Olympics Europe Eurasia Regional Youth Leadership Summit (13)
* 2020 Special Olympics Latin America Regional Youth Leadership Summit (14)
* I have not attended a Special Olympics Youth Leadership event (6)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q28 First (given) name of first Youth Leader

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Q27 Last (family) name of first Youth Leader

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Q29 Date of birth (day/month/year)

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Q68 Is the Youth Leader under the age of 25 as of 15 April, 2021?

* Yes (1)
* No (2)

Q56 Gender of first Youth Leader

* Male (1)
* Female (2)
* Other (3)
* Prefer not to identify gender (4)

Q53 Current city

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Q30 Does first Youth Leader have an Intellectual Disability?

* Yes (1)
* No (2)
* Prefer not to answer (3)

Q87 **Contact Information**
Please provide a permanent email address and phone number. If you do not have a permanent email, please consider creating an email account that you will have access to long-term.

Q47 First Youth Leader email address

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Q85 First Youth Leader phone number

Please provide country code

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Q83 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 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Twitter (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Instagram (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* YouTube (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WeChat (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WhatsApp (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q58 Are you a sibling of an individual with an Intellectual Disability?

* Yes (1)
* No (2)

Display This Question:

If Are you a sibling of an individual with an Intellectual Disability? = Yes

Q59
Please describe in 1-2 paragraphs how your experience having a sibling with ID has influenced you and your project idea.

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Display This Question:

If Are you a sibling of an individual with an Intellectual Disability? = No

Q70
How have you been influenced by Special Olympics or the power of inclusion?

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Display This Question:

If Are you a sibling of an individual with an Intellectual Disability? = Yes

Q60 Are you applying as a Unified Pair with your sibling with ID?

* Yes (1)
* No (2)

Q31 Is there another Youth Leader helping to lead the project?

* Yes (1)
* No (3)

Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q32 First (given) name of second Youth Leader

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q33 Last (family) name of second Youth Leader

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q34 Date of birth (day/month/year)

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q69 Is the Youth Leader under the age of 25 as of 1 April, 2020?

* Yes (1)
* No (2)

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Display This Question:

If Is the Youth Leader under the age of 25 as of 1 April, 2020? = Yes

Q80 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.   ·  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.

Display This Question:

If Is the Youth Leader under the age of 25 as of 1 April, 2020? = Yes

Q81 Parent / Guardian Information (required for applicants under 18 or lacking legal capacity).

* Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q57 Gender of second Youth Leader

* Male (1)
* Female (2)
* Other (3)
* Prefer not to identify gender (4)

Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q54 Current city

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q35 Does the Youth Leader have an Intellectual Disability?

* Yes (1)
* No (3)
* Prefer not to identify (4)

Q89 Contact Information
Please provide a permanent email address and phone number. If you do not have a permanent email, please consider creating an email account that you will have access to long-term.

Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q46 Second Youth Leader's email address

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q86 Second Youth Leader's phone number

Please provide country code

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q84 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 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Twitter (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Instagram (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* YouTube (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WeChat (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WhatsApp (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

Q61 Are you a sibling of an individual with an Intellectual Disability?

* Yes (1)
* No (2)

Display This Question:

If Are you a sibling of an individual with an Intellectual Disability? = Yes

Q62 Please describe in 1-2 paragraphs how your experience having a sibling with ID has influenced you and your project idea.

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Display This Question:

If Is there another Youth Leader helping to lead the project? = Yes

And Are you a sibling of an individual with an Intellectual Disability? = No

Q72
How have you been influenced by Special Olympics or the power of inclusion?

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Display This Question:

If Are you a sibling of an individual with an Intellectual Disability? = Yes

Q63 Are you applying as a Unified Pair with your sibling with ID?

* Yes (1)
* No (2)

Q4 First (given) name of Special Olympics Program staff member supporting the project

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Q38 Last (family) name of Special Olympics Program staff member supporting the project

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Q41 Program Staff Member email address

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Q7 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.

Q39 Is this Program staff also the project mentor?

* Yes (1)
* No (2)

Display This Question:

If Is this Program staff also the project mentor? = No

Q40 First (given) name of project mentor

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Display This Question:

If Is this Program staff also the project mentor? = No

Q42 Last (family) name of project mentor

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Display This Question:

If Is this Program staff also the project mentor? = No

Q43 Current professional title

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Q44 How will the program staff/project mentor support the project?

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Q45 What experience does the program staff/project mentor have that will help the youth leaders execute their project?

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Display This Question:

If Is this Program staff also the project mentor? = No

Q6 Project mentor email address

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End of Block: Program Information

Start of Block: Narrative Proposal

Q9 **Project Objectives:** Select the objective(s) that this project will achieve (select all that apply):

* Establish new Unified Schools or Unified Champion Schools (1)
* Expand programming at current Unified Schools (2)
* Engage new Youth Leaders (3)
* Support Special Olympics programming in another area (please describe) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please describe) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q91 Type of Project:

▼ Family Engagement (1) ... Women Empowerment (8)

Q90 **Name of Project:**

 For project title examples, please visit our [website](https://www.specialolympicsglobalyouth.org/fea).

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Q10 **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 continue after the grant period ends, and what does being a part of the Unified Generation mean to you?

 For project examples, please visit our [website](https://www.specialolympicsglobalyouth.org/fea).

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Q11 **Project Goals**: Please provide the top 3 goals you wish to achieve with this project.

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Q23 **Project Timeline:** This is how much time it will take to complete the project from the date that funding is distributed.

For example, if funding was distributed on 31 November and your project would happen 15 March, then you would select the 6 month timeline. If funding was distributed on 31 November and your project would happen 15 July, then you would select the 9 month timeline.

Please determine when your project will occur to determine which project timeline matches your needs.

* 6 months (project will occur between June 2021 - December 2021) (2)
* 9 months (project will occur between June 2021 - March 2022) (3)

Display This Question:

If Project Timeline: This is how much time it will take to complete the project from the date that f... = 6 months (project will occur between June 2021 - December 2021)

Q48 **6 Month Project Timeline**: Please outline project activities for each month

* June 2021 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* July 2021 (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* August 2021 (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* September 2021 (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* October 2021 (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* November 2021 (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Project Timeline: This is how much time it will take to complete the project from the date that f... = 9 months (project will occur between June 2021 - March 2022)

Q49 **9 Month Project Plan**: Please outline project activities for each month

* June 2021 (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* July 2021 (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* August 2021 (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* September 2021 (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* October 2021 (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* November 2021 (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* December 2021 (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* January 2022 (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* February 2022 (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q12 **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.](https://www.dropbox.com/s/l0263cd633f3xs1/Innovation%20Grant%20Metrics%20Glossary.pdf?dl=0)

Q13 Metrics

|  |  |
| --- | --- |
|  | Target Number (1) |
| Number of youth with and without ID actively engaged in planning of the project (1)  |  |
| Number of Unified Schools with expanded programming (2)  |  |
| Number of new Unified Schools (3)  |  |
| Number of new Unified Champion Schools (4)  |  |
| Number of new youth leaders (5)  |  |
| Number of Special Olympics athletes (people with ID) engaged by the project (6)  |  |
| Number of people without ID engaged by the project (7)  |  |
| Total social media impressions (8)  |  |
| Number of new Unified Sports Clubs (9)  |  |

Q16 **Project Evaluation Plan**: Please select how you will evaluate the success of the project (select all that apply)

* Number of written agreements created (1)
* Survey conducted (2)
* Interviews (3)
* Social media impressions (4)
* Event sign in sheet (5)
* Metrics achieved (6)
* Other (please describe) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17 **Project Sharing Plan** - Please select how you will share and promote your project with others (select all that apply)

* Social media (1)
* Newspapers (2)
* Television (3)
* Radio (4)
* Flyers (5)
* Presentations (6)
* Posters (7)
* Brochures (8)
* Other (please describe) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Narrative Proposal

Start of Block: Budget Proposal

Q57 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 (1)
* No (2)

Q66 **Budget Request:** How much funding (in USD) are you requesting for your project?

* $500 USD (1)
* $1,000 USD (2)
* $1,500 USD (3)
* $2,000 USD (4)

Q21 **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.

Transportation : \_\_\_\_\_\_\_ (5)

Venue : \_\_\_\_\_\_\_ (6)

Supplies : \_\_\_\_\_\_\_ (7)

Food : \_\_\_\_\_\_\_ (8)

Advertising/Marketing : \_\_\_\_\_\_\_ (9)

Equipment & Maintenance : \_\_\_\_\_\_\_ (10)

Printing : \_\_\_\_\_\_\_ (11)

Photography/Videography : \_\_\_\_\_\_\_ (14)

Miscellaneous : \_\_\_\_\_\_\_ (16)

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

End of Block: Budget Proposal

Start of Block: Signature Page

Q74 Download the [Innovation grant program support letter](https://specialolympics.qualtrics.com/CP/File.php?F=F_79ivjhzc7g4CIpT), sign and include requested information, and upload within the next question.

Q22 Please upload the completed signature page here.

Q61 Please upload photo(s) of Youth Leader(s) here.

 \*\* NOTE: Applications with photos will receive priority. Photos will be used on Special Olympics [Website](https://www.specialolympicsglobalyouth.org/fea) to showcase final projects.  Please upload photo(s) of Youth Leader(s) here.

End of Block: Signature Page

Start of Block: Block 6

Q58 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, Microsoft, 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 (1)
* I am not willing (4)

Q60 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 (1)

End of Block: Block 6

Start of Block: Block 5

Q51 **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)

Q52 Please sign below to agree to the terms of the final report

End of Block: Block 5

Start of Block: Regional Staff

Q63 **YOUR APPLICATION HAS NOT YET BEEN SUBMITTED**

 **To submit your application, please click the blue arrow located at the botton of this screen**.
 On the next screen, you will be able to download a copy of your application. Your application must be downloaded and emailed to your Special Olympics Regional Youth/Schools staff member:

 **Africa:** Ngawa Mumba - nmumba@specialolympics.org, Crystal Tettey - ctettey@specialolympics.org, Tanya Nzvengende - tnzvengende@specialolympics.org
**Asia Pacific:** Lynn Tan - ltan@specialolympics.org, Bella Choo - bchoo@specialolympics.org
**East Asia:** Tracy Li - tli@specialolympics.org, Rockie Zhao - rzhao@specialolympics.org
**Europe Eurasia:** Jenni Hakkinen - jhakkinen@specialolympics.org
**Latin America:** Jesus Arenas - jarenas@specialolympics.org
**Middle East North Africa:**Nibal Fetouni- nfetouni@specialolympics.org
**North America:** Sara Prescott -  sprescott@specialolympics.org, Hannah Elliott-Higgins - helliotthiggins@specialolympics.org

**If you have any questions, please email innovationgrants@specialolympics.org**

End of Block: Regional Staff