



Special Olympics

2023 Youth Innovation Grants Application

General Information

If you wish to apply in your native language, please click the language below.

- [Arabic](#)
- [Chinese](#)
- [French](#)
- [Korean](#)
- [Portuguese](#)
- [Russian](#)
- [Spanish](#)

A **Special Olympics Youth Innovation Grant** is awarded in amounts of

- \$500 U.S. dollars
- \$1,000 U.S. dollars
- \$1,500 U.S. dollars
- \$2,000 U.S. dollars

These grants are awarded to **fund youth-led projects for inclusion** around the globe.

Youth Leaders must be between the ages of 14-25 to be eligible to apply

- If applying as a Unified Pair - one youth with ID and one youth without ID - both youth **MUST** be 14-25 years old at the time the application is submitted

For Project examples, please visit [here](#).

Final reports will be due 30 days after the Youth Innovation Project is completed.

You must complete the application in one sitting. Your progress will not be saved until you press submit.

Application is due 1 November, 2023

Applicants will be notified if their project was selected within 30 days of submitting your application.

Special Olympics will offer a Congratulatory Live Webinar for all Youth Leaders who were accepted to receive a Youth Innovation Grant. Dates will be shared throughout the year.

We encourage all Youth Leaders to join one of the sessions, but attendance is not required.

Participant and Program Information

Please provide information about Youth Leader(s) within the following questions.

Special Olympics Program *

First (given) name of first Youth Leader *

Last (family) name of first Youth Leader *

Email address of first Youth Leader *

Is the first Youth Leader between the ages of 14 - 25? *

- ☐ Yes
☐ No

Date of Birth (month/day/year) *

First Youth Leader Name and Likeness Release *

Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and their sponsors and partners to use my likeness, photo, video, name, voice, words, and biographical information ("my likeness") to acknowledge the sponsors' and partners' support for Special Olympics.

Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.

I understand I will not be compensated for the use of my Likeness.

- ☐ I consent

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.

Parent Release Confirmation *

Please download and read the [Parent Release](#) and confirm once you have done so.

☐ I have read the parent release

Current city of first Youth Leader ***Gender of first Youth Leader ***

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to identify

Does first Youth Leader have an Intellectual Disability? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Is the first Youth Leader a sibling of an individual with an Intellectual Disability? *

- ☐ Yes
- ☐ No

Personal biography of first Youth Leader *

Please use the information below to help create your biography. To read an example of a biography click [here](#).

- Name
- Age
- Where you live
- Your previous experiences with Special Olympics
- Why did you become a Youth Leader

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

- ☐ Yes
- ☐

No

Second Youth Leader Personal Information

Please provide information about the second Youth Leader within the following questions.

First (given) name of second Youth Leader *

Last (family) name of second Youth Leader *

Email address of second Youth Leader *

Is the second Youth Leader between the ages of 14-25? *

- ☐ Yes
☐ No

Date of birth (month/day/year) *

Second Youth Leader Name and Likeness Release *

Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

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- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

☐ I consent

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.

Parent Release Confirmation

Please download and read the [Parent Release](#) and confirm once you have done so.

☐ I have read the Parent Release

Parent Signature *

(Name, Relationship, Email)

Current city of Second Youth Leader *

Gender of second Youth Leader *

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Prefer not to identify

Does the second Youth Leader have an Intellectual Disability? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Is the second Youth Leader a sibling of an individual with an Intellectual Disability? *

- ☐ Yes
- ☐ No

Personal biography of second Youth Leader *

Please use the information below to help create your biography. To read an example of a biography click [here](#).

- Name
- Age
- Where you live
- Your previous experiences with Special Olympics
- Why did you become a Youth Leader

Project Description

Please answer the following questions about the Youth Leader's project

Project Type *

Will the project be a **regional priority project** or a **scaling for impact** project?

Regional Project: Youth Leaders will create a unique project to promote inclusion in their community.

Scaling for Impact: Youth Leaders will replicate one of the 7 Scaling projects outlined [here](#).

- ☐ Scaling for Impact Project
- ☐ Regional Priority Project

Name of Project *

For project title examples, please visit our [website](#).

Project Overview

Problem *

What is the **problem** in your community you are trying to solve?

Steps to Solve *

What steps (activities) will you take to **solve** this problem?

Goals *

What do you **hope to accomplish** with the completion of this project?

Project Duration *

- ☐ 6 Months
- ☐ 9 Months

Project Start Date (month/day/year) *

Project End Date (month/day/year) *

Estimated Metrics

Metrics *

Please indicate the metrics that will be achieved during this project.

For a full glossary of the metrics, please click [here](#).

- ☐ Youth with and without ID actively engaged in planning project
- ☐ Unified Schools with expanded programming
- ☐ New Unified Schools
- ☐ New Unified Champion Schools
- ☐ New Youth Leaders
- ☐ Special Olympics Athletes (people with ID) engaged by the project
- ☐ People without ID engaged by the project
- ☐ Social media impressions (content views)
- ☐ New Unified Sports Clubs
- ☐ Other

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 *

Budget Proposal

Budget Request: *

- ☐ \$500 USD
- ☐ \$1,000 USD
- ☐ \$1,500 USD
- ☐ \$2,000 USD

Maximum funding explanation *

Budget Breakdown *

Transportation *

Venue *

Supplies ***Food *****Advertising/Marketing *****Equipment/Maintenance *****Printing *****Photography/Videography *****Miscellaneous ***

Miscellaneous expenses may NOT exceed 10% of total budget

- 10% of \$500 USD budget = \$50 USD
- 10% of \$1,000 USD budget = \$100 USD
- 10% of \$1,500 USD budget = \$150 USD
- 10% of \$2,000 USD budget = \$200 USD

Total *

Program Support Letter and Youth Leader(s) Photos

Download the [Innovation grant program support letter](#), sign and include requested information, and upload within the next question.

Photos will be used on Special Olympics Website to showcase final projects.

Signed Program Support Letter and Photos *

Please download the Program Support Letter [here](#)

<https://www.dropbox.com/s/k9idynxokoikkdc/Program%20support%20letter.pdf?dl=0>

Re-upload it below once it has been signed by your program.

**** NOTE: Applications with photos will receive priority. Head shots of Youth Leaders are preferred***

Send program letter, head shots, and certificate to innovationgrants@specialolympics.org

Drag and drop files here or [browse files](#)

Engagement with Donors and Partners

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

Consent to Engagement *

- ☐ I am willing
- ☐ I am not willing

Special Olympics Communications

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

E-Learning Requirement:

To be eligible to receive a Youth Innovation Grant, the Unified Pair must complete the Project Management for Special Olympics Youth Leaders E-Learning Course

If you have not completed the course, please do so by logging into your SO Learning Portal Account or registering for a new account at <https://learn.specialolympics.org/>.

Youth must either upload the certificate of completion with their application or email the certificate to innovationgrants@specialolympics.org

Youth will not receive funding until the course has been completed. Unified partners may take the course together, only one certificate is required

Confirmation of course completion *

- ☐ Yes I have completed the course
- ☐ No, I have not completed but will complete it soon

Final Reporting

Final Reports will be due 30 days after the completion of the project.

The following information will be required for the final report

- Narrative report describing the Youth Leader's experience 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)

Signature *

-
- ☐ Send me a copy of my responses

Submit

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