

Special Olympics New Mexico

Unified Champion Schools

& Grant Application

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| General School Information |
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| School: |
| School  Contact: |
| School  Address: |
| City: Zip: |
| Phone: Fax: |
| Email: |
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| Funding Application Process |
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| Each Unified Champion School can apply for a total of $1,500 worth of funds for the school year. These grants will help schools implement the three required elements to become a Unified Champion School. Each project should address the Unified Champion Schools elements below and must include participation for students with and without intellectual disabilities: |
| **Unified Champion Schools ELEMENTS** |
| As a Unified Champion school, you are required to facilitate the following activities:   1. **Inclusive Sports Opportunity-** provide students with and without intellectual disabilities opportunities to participate in sports activities alongside one another (e.g. Unified Sports, inclusive PE and intramurals, inclusive Young Athletes) 2. **Youth Leadership-** provide students with and without intellectual disabilities opportunities to take on leadership roles in promoting Unified Champions activities in the school and in the community (e.g. Youth Rally/Youth Forum, Youth as Volunteers, Fans in the Stands) 3. **Whole School Engagement-** provide opportunities for *all* students in the school to participate in Unified Champion through school-wide activities (e.g. R-word campaign, Fans in the Stands, Youth Pep Rally, Posole Ole or Polar Plunge)   **Please refer to your Unified Champion School guide or contact Program Director for ideas on activities that address these elements.** |

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| **Directions** |
| 1. Fill out this Report for each Unified Champion activity, even if you are not requesting funds. 2. Please attach to this report a one page Project Summary to share your ideas for future Unified Champion activities (may be typed or hand-written) 3. If requesting funds, please complete the Proposed Budget & Budget Justification and submit with the report 4. Sign the Commitment and Certification below 5. All grant requests are due a minimum of 3 weeks before activity and may take up to 2 weeks for payment to be received. Funds will NOT be reimbursed for projects that have not received prior approval. |
| **Evaluation** |
| An event evaluation will be required 30 days after the event. An evaluation form will be sent after project is approved and will require documentation of event participation, pictures, and receipts. |
| **Commitment and Certification** |
| By signing this Application Form, the school liaison certifies that:   * the information provided is accurate and that any awarded funds have been, and/or will be, used according to the stated purpose; * applicant will comply with all Special Olympics general rules and SONM policies during all Unified Champion and Special Olympics programming; * applicant will provide SONM with a post event evaluation due no more than 30 days after event; * the persons signing this application have the authority to commit the Applicant School to these conditions. * Site contact will complete on-line survey at the end of the year or the school may be responsible to reimburse funds granted. |
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**Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unified Champion Liaison Signature: \_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please feel free to contact Victoria Gonzales at 505.856.0342 or** [**victoriagonzales@sonm.org**](mailto:victoriagonzales@sonm.org) **if you have any questions. Submit Project Report/Grant Application, budget and one page Project Summary to Victoria Gonzales at** [**victoriagonzales@sonm.org**](mailto:victoriagonzales@sonm.org) **or by fax at 505.856.0346.**



**Proposed Budget & Budget Justification**

The Proposed Budget and Budget Justification should accompany your Project Report when submitted to SONM staff for consideration. Examples of Budget Line Items and Budget Guidelines are provided below:

**Examples of Budget Line Items & Guidelines:**

* **Supplies-** Paper, markers, wood for signs, t-shirts, stickers, posters, etc. This line item should not exceed 50% of your total budget unless otherwise approved by SONM staff.
* **Equipment-** Uniforms, sports equipment, etc. This line item should represent a minimum of 10% of overall budget, as these items are sustainable and will benefit your program for years to come.
* **Transportation-**  Bus expense to Unified Champion School related event/activity.
* **Provisions-** Food and/or refreshments for an event; snacks during training sessions, etc. This line item should not exceed 20% of your overall budget, unless otherwise approved by SONM staff.
* **Facility Rental-** This can include use of facilities and can be counted in In-Kind donations.
* **Fees-** Fees for bowling, registration, etc.
* **In-Kind Donations-** Contributed goods and services from individuals or the school, are those for which there will be no reimbursement received from SONM; i.e., postage, photocopies, supplies, transportation, facilities, provisions, equipment, etc. Please provide a value for all donated goods and services. Contributions of time (volunteer hours) have a monetary value only if the hours are spent doing the same type of work for which you are normally paid; i.e., teaching, computer programming, fitness instructor, etc.

**ESTIMATED # OF ATHLETES: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESTIMATED # OF PARTNERS: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget for Unified Champion School Project**

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| **Budget Line Item** | **Requested**  **Unified Champion School Funds** | **In-Kind Donations (please provide receipts)** | **Other Funding Sources (please specify source)** | **Total** |
| **Supplies** | **$** | **$** | **$** | **$** |
| **Equipment** | **$** | **$** | **$** | **$** |
| **Transportation** | **$** | **$** | **$** | **$** |
| **Provisions** | **$** | **$** | **$** | **$** |
| **Facilities** | **$** | **$** | **$** | **$** |
| **Fees** | **$** | **$** | **$** | **$** |
|  |  |  |  |  |
| **Total** | **$** | **$** | **$** | **$** |

**Budget Justification:** Briefly describe what is included in each line item and explain why requested funds are necessary.

* **Supplies-**
* **Equipment-**
* **Transportation-**
* **Provisions-**
* **Facility Rental-**
* **Fees-**