FORMS FOR DUPLICATION

Important: Be sure to make multiple copies of these forms for continued use.

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SPECIAL OLYMPICS WISCONSIN **DVD ORIENTATION & REGISTRATION FORM GENERAL ORIENTATION**

PLEASE PRINT OR TYPE CLEARLY: DATE: ______ Region: _____

SITE: _____ CITY: _____ STATE: _____

SOWI REPRESENTATIVE: _______ SIGNATURE: ______

TITLE: SOWI General Orientation _____ DATE: _____

	NAME	ADDRESS	CITY	STATE	ZIP	AGENCY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						



Application for Sports Certification

One form per certification

Instructions: Please print clearly or type information below and return to the Headquarters office. List *permanent* mailing address and telephone number (not college address):

Name:	Email:
Address:	Home Phone:
City:	Cell Phone:
State: Zip:	Male 🗌 Female 🗌
Class A Volunteer ID #(optional):	Occupation:

If you are an SOWI athlete becoming a coach, check this box. \Box

If your address changed since your Class A registration or last certification, please check this box.

I am a Class Aregistered volunteer with SOWI and have completed the <u>required SOWI General Orientation</u> YES / NO I am a Class Aregistered volunteer with SOWI and have completed the <u>required SOI Protective Behaviors</u> YES / NO

I am applying for CERTIFICATION in one of the following areas:

	Location of Course:	Date Completed:
Sports Skills:		
Coaching Special Olympic Athletes		
Principles of Coaching		
Coaching Unified Sports		
Athlete Leadership: Coach / Official		
Athlete Leadership: Global Messenger I // II		
Athlete Leadership: Governance		
Games Management		
Official, Sport:		
Other:		

Coaching/Officiating experience at the high school/college levels (circle Coach or Official): Yes 🗌 No 🗌

Playing	experience at	high school	or college	levels:	Yes	No
---------	---------------	-------------	------------	---------	-----	----

Sport(s) you played:

Other Information:

How I	many	SO	sports	do you	l coach	ו?	How many sports are you certified in?	
			, ¹ ,					

Highest level of education achieved: _

Do you have any relatives with an intellectual disability? Yes No If yes, relationship:

□ I have read the SOWI/SOI/NGB sports rules for the sport listed above, I am familiar with the SOWI Competition Guide and current rule changes, and will comply with the *Certified Coach Code of Conduct*.

Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

Office use only

Signature of Applicant	Date		Initials	Date
Signature of Applicant	Date	BB Check		
		Email AM		
		BB Entry		
Signature of Agency Manager	Date		Updated 05	/13/2014

Process to Become a Special Olympics Wisconsin Certified Coach

- Person completing an Application for Sports Certification must be a registered Class A Volunteer, have completed the online General Orientation, and completed an SOWI Certified Training School (CTS).
- 2. After attending a CTS, application forms must be received by the Headquarters office within one year of the date of attendance forms received after a year will be void.
 If certification is needed for advancement to State Games, this application must be completed and submitted along with or prior to State Games registration forms.
- **3.** All lines on the Application for Sports Certification must be filled in:
 - a. Agency number in the top left corner
 - **b.** Personal contact information in the boxes please use the full name used on your Class A Volunteer form (i.e. Michelle instead of Shelly)
 - c. Completion status of the SOWI General Orientation must be checked YES or NO

Completion status of SOI Protective Behaviors must be checked YES or NO

- *d.* Check the certification category applying for. If checking *Sport Skills*, please write the specific sport you are applying for (one sport per application)
- e. Coaching/Officiating experience must be completed
- f. Education and family background information must be completed
- 4. The application must be signed by the applying coach and Agency Manager.
- **5.** It is encouraged that applicants and/or Agency Manager make a copy of the form before it is mailed to the Headquarters office.
- 6. Once the completed form is received and approved, it is entered into the SOWI volunteer database. Coaches will receive a confirmation letter informing them of their new certification and date of expiration. All certifications expire on December 31st of the third calendar year from the date of the CTS. Before a certification expires, letters are mailed to the coach informing them of the upcoming expiration.
- **7.** If you have any questions, please contact the Director of Training & Competition at 1-800-552-1324, ext. 5679.
- Please mail, email, or fax the application to the address below: Special Olympics Wisconsin Attn: Director of Training & Competition 2310 Crossroads Drive, Suite 1000 Madison, WI 53718

Email: alillethun@specialolympicswisconsin.org

Fax: 608-222-3578

Application for Sports Re-Certification

list permanent mailing address and telephone number (not co	ollege address).	office.
Name		Male Female
Address		
City		
Home Phone	Cell Phone	
Email Address		
Class A Volunteer ID#(optional)	Occupation	
☐ If your address above is different from the address the box.		application, please check
I have successfully completed the required SOV re-certification in the following sport(s)		
	· · · · · · · · · · · · · · · · · · ·	
re-certification in the following sport(s) Additionally, to maintain my sports certification educational components:	for SOWI, I have completed on Location of Course:	e of the following Date Completed:
re-certification in the following sport(s)	for SOWI, I have completed on Location of Course:	e of the following Date Completed:
re-certification in the following sport(s) Additionally, to maintain my sports certification educational components: Sports Skills: Coaching Special Olympic Athletes	for SOWI, I have completed on Location of Course:	e of the following Date Completed:
re-certification in the following sport(s) Additionally, to maintain my sports certification educational components: Sports Skills: Coaching Special Olympic Athletes	for SOWI, I have completed on Location of Course:	e of the following Date Completed:
re-certification in the following sport(s) Additionally, to maintain my sports certification educational components: Sports Skills:	for SOWI, I have completed on Location of Course:	e of the following Date Completed:

□ I have read the SOWI/SOI/NGB sports rules for the sport listed above, I am familiar with the SOWI Competition Guide and current rule changes, and will comply with the *Certified Coach Code of Conduct*. Having satisfactorily completed all requirements, I hereby request Special Olympics re-certification in the area identified above.

Signature of Applicant

Date

Signature of Agency Manager (Optional)

Date

For Office Use Only

	Initials	Date
RE Check		
SA Check		
Email AM		
BB Entry		



Process to Maintain Sports Certification

Follow the steps below to maintain your sports certifications. Please note that <u>ONE</u> educational course component will re-certify you in all sports if you <u>also</u> complete the online sports assessment for <u>each sport</u>. If you have other questions about coaching certifications, please visit the FAQs on the website under the volunteer – coaches training tab.

STEP 1: Complete <u>one</u> educational course component – examples include:

- Certified Training School or advanced skills course must be sport-specific to the certification
- Principles of Coaching or Coaching Special Olympic Athletes (may only be taken one time for recertification)
- SOWI online course, Coaching Philosophy ***Please include a copy of a completed exercise
- SONA online courses: Principles of Coaching, Coaching Special Olympics Athletes, Coaching Unified Sports ***Please include a copy of the completion certificate
- Online courses through the National Federation of State High School Association (NFHS): <u>www.nfhs.org</u>
- Online courses through American Sport Education Program (ASEP): <u>www.asep.com</u> ***Please include a copy of completion certificate from any online course.
- First Aid/ CPR Certification ***Please attach a copy of the certification card
- SOWI Conference or Health Forum (only if topics are relevant)
- Non-SOWI educational course—i.e. educational or professional in-services, conferences or seminars that pertain to working with people with disabilities, coaching, communication, conflict-resolution, etc. ***SOWI Educational Course Reporting Form must be completed after attendance and submitted with the Re-Certification Application to the Headquarters office.

STEP 2: Complete <u>SOWI online Sports Assessment</u> – for each sport you wish to recertify in. Sport Assessments are found on our website under the Volunteer Tab.

STEP 3: Complete the Application for Sports Re-Certification; Sign and date application and mail, fax, or email directly to the Headquarters office:

Mailing Address: Special Olympics Wisconsin Attn: Director of Training & Competition

2310 Crossroads Drive, Suite 1000 Madison, WI 53718

Email: alilethun@specialolympicswisconsin.org

Fax: 608-222-3578

***Note: The Agency Manager signature is optional; Agency Managers will receive an email notification once the application is received and processed.

***Note: Application for Sports Re-Certification *must be received at the Headquarters office <u>prior</u> to a sports certification expiration date. If a Re-Certification Application is received after a sports expiration date, it will <i>not* be accepted.

If you have any questions pertaining to the re-certification process or non-SOWI educational course options, please contact the Director of Training & Competition at 1-800-552-1324, ext. 5679 or <u>alillethun@specialolympicswisconsin.org</u>



Agency Number:_____

SOWI Educational Course Reporting Form for Re-Certification

 INSTRUCTIONS:
 Please print clearly or type information below and return to the Headquarters office.

 To maintain my Sports Certification for SOWI, I have completed the following non-SOWI educational course:

 Title:

 Date:
 /

 City:

 Facilitated by:

Please explain the purpose of this course:

Please explain how the course applies to your Special Olympic coaching:____

Please list three to five things you learned from the course that you will apply to your Special Olympics coaching:

1			
2			
3			
4			
5			

Having satisfactorily completed all requirements, I hereby request Special Olympics re-certification for coaching.

Ap	plica	nt N	lame	-	print
	P				P

Date

Applicant Signature

Please mail this form with a Re-Certification Application to: Special Olympics Wisconsin Attn: Director of Training & Competition 2310 Crossroads Drive, Suite 1000 Madison, WI 53718

Or E-mail: alillethun@specialolympicswisconsin.org

Or Fax: 608-222-3578

For Office Use Only			
	Initials	Date	
Dir. of Training & Competition			
	Up	dated 1	1/1/2012

Special Olympics Wisconsin Training Site Safety Checklist

The new Accreditation standards require that all training facilities and equipment are safe with a first aid kit, athlete emergency contacts and a phone and/or transportation available in case of an emergency.

The checklist below is not intended to cover every possible situation, but acts as a guideline for areas which could constitute injury hazards.

Acceptable? Yes No Playing Surfaces – Indoor Irregular floor surfaces (wood separations, splinters, etc.)? Surfaces clean and free of dust, gum, wet or greasy areas, loose pieces of paper, etc. Electrical floor plate and outlet coverings fixed properly in position? \square \square Electrical cords away from participant area and taped securely? All extra equipment removed? \square Sufficient buffer zone between spectators? Playing Surfaces – Outdoor Condition of turf (pot-holes, mud, etc.)? Puddles drained off? Trash, glass, sharp objects, sharp-edged rocks, etc. removed off the the field? \square Obvious and hidden grates well-secured? Sufficient buffer zone between spectators? \square Goal posts, goalie cages, baseball bases, etc. installed properly? Walls Hanging ropes or electrical lines? \square Moveable equipment flush or appropriately fastened to wall? \square Protruding handles or cranks? Lighting All areas adequately lighted? Equipment Personal equipment (i.e., clothing, footwear, protective equipment) appropriate to the sport? \square Activity equipment (i.e., sticks, balls, goals, nets, bats, poles, whistles, cones, padding and mats) can meet the demands of the sport? Athletes have removed jewelry? Emergency A first aid kit is available on site? \square A copy of athletes' Application for Participation in Special Olympics Forms with emergency contacts, insurance and medical information is on site? Telephones within easy access? \square Vehicle within easy access?

Updated 7/26/2012



In-Kind Contribution Receipt

In-kind contributions are services and materials donated in place of cash contributions. In-kind contributions are recorded at fair market value. Fair market value should be established on an objective and clearly measurable basis, i.e., normal rent charge for a facility, advertised costs for equipment and the posted price for food or beverage.

Date of Contribution:				The information below is required for internal recordkeeping. Per IRS
Contributor Name: Business/Organization: Address: City, State, Zip: Phone: Email:				guidelines, Special Olympics Wisconsin is prohibited from establishing monetary values for gifts of real or personal property or stating a value on donor receipts for gifts in-kind. Should you have questions, refer to <u>www.irs.gov</u> publications 526 & 561, and consult y our tax advisor. Please retain a copy of this form for y our records.
Item/Service		<u>Qty</u>	Unit Price	Total Estimated Value (Provided by Contributor)
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Signature of Contributor: To be completed by Special Olyn Purpose of Contribution:	mpics Wisconsin Repre			(required)
SOWI Staff or Agency Manager:	Signature		PrintName	Date
In-Kind to be used by (check o	ne):			
Headquarters	Region #		Agency #	
Fund #: 4009			Account #:	
Appeal:			Reference:	
Package:				
Soft Cr: Event Cr: _ <u>n/a</u>				
Ref:				
Return to: Speci	al Olympics Wisconsi	N (Specific return a	ddress)	



Special Olympics Wisconsin Manual Receipt Form

Name of Payee:	Agency Number:
Amount:	Agency Manager Approval:
Purpose (be specific):	Expense Code:
:	Date Paid:
Why is original receipt missing?:	Check Number:
	Date of Purchase:

Name of Payee:	Agency Number:
Amount:	Agency Manager Approval:
Purpose (be specific):	Expense Code:
:	Date Paid:
Why is original receipt missing?:	Check Number:
	Date of Purchase:

<u>Please note:</u>** This form is invalid if Agency Manager has not signed for approval.



Invoice Approval Form

Agency Number:
Agency Manager Approval Signature:
Print name
*Witness Approval Signature:
Print name *MUST be signed by member of Agency Management Team who is a Class A volunteer without financial restrictions and is not a family member of the manager
Expense Code:
Date to be Paid by:
Date of Purchase:

*Please Note: This form is invalid if the Agency Manager has not signed for approval.

Agency In-House Petty Cash Request

Agency Number		
Agency Name		
Petty Cash Amount Requested \$	<u> </u>	
Petty Cash for: (Please check on	e) 🗌 Agency Fund	or 🗌 Special Event
If Special Event: Name of Specia	al Event	
Date Needed		
		n and should have no financial restrictions.
Address to send check to		
Approval Signature		
Approval Signature Class A Volun	iteer Signature	

Petty Cash Ledger

Date	Who	Amount	Where	Purpose	Expense Code
				•	•

AGENCY DEPOSIT TICK	ET	
Use this form to submit deposits to	o the Program Office.	
If deposit includes taxable items s	uch as Admissions, Auction, Concessio	ons, Games & Entertainment or
Souvenirs) attach Sales Tax Sum		
		All deposit forms can be found under
Date		"Agency Forms & Tools" on our website: www.specialolympicswisconsin.org/agency
Deposit Total		Contact the Program Office if you need assistance logging in.
Total Items for Deposit		
Agency #		
Agency Name		
Submitted by		
Email Address		
Attachments:	Sales Tax Summary Form	
	Bank Deposit Receipt(s)	
	(For cash deposits made at Johnson Bank	
	Number & Reference in comments section	n below)
Comments:		

AGENCY DEPOSIT LEDGER TEMPLATE

-Use this form to keep an in-house agency record of the deposit.

Date	First	Last	Org/Bus Name	Address	City	State	Zip	Phone	Check #	Amt	Acct #	Ref
					1							
					1							
	Total											

SALES TAX REPORT	ING FORM			AFAN			
- Use this form to track taxable	e items sold at fundraisers and special events			€₹₹			
- Submit completed form with deposit. Taxable items on form must match taxable items in deposit Revenue must be deposited in the month items were sold.							
Sales Date:]					
Submitted by:		-					
Sales Event Name:		-					
Sales Event County:							
Comments:		-					
Item Description	Sales Tax Category: Admissions, Auction, Concessions, Games & Entertainment or Souvenirs)	Unit Price x	Quantity Sold	= Sales Total			
Total				¢			
			,	\$			

I verify the accuracy and completeness of information listed above:

Signature

Date



2310 Crossroads Drive, Suite 1000 Madison, WI 53718 (608) 222-1324 (800) 552-1324 (toll-free) (608) 222-3578 (fax)

Money Handling ACCOUNTABILITY

The following procedures will occur at all SOWI fundraising events:

- 1. At least two people will count money and both individuals will sign off on the counts in order to be held accountable.
 - a. These individuals will be Class A volunteers with no financial restrictions
 - b. These individuals will not be related to each other.
- 2. This completed form will be forwarded to the Headquarters office with the deposit information.

Event:	
Date:	
Region:	
Total Cash:	
Total Checks:	
Total Credit Card:	
Total Collected:	
Signature	Printed Name
Signature	Printed Name

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication Values SOWI lives by to create an environment of integrity where winning is more than coming in first.

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of individuals with intellectual disabilities. Authorized and Accredited by Special Olympics, Inc.

Special Olympics Wisconsin, Inc Volunteer Expense Reimbursement Form

Agency Number: _____

Name: _____

Address:

Mileage Reimbursement:

Date	Trip/Purpose Explanation	Number of Miles	Allowance (miles x .14)	Account/ Cost Center
Totals				

Other Travel Reimbursement:

Date	Trip/Purpose Explanation	Airfare	Room	Meals	Car Rental/Cab	Account/ Cost Center
Totals						

• Original receipts must be attached

Miscellaneous Expense Reimbursement:

Date	Purpose Explanation	Items to be Reimbursed	Amount	Account/Cost Center
Totals				

Original receipts must be attached

Approval: _____ Grand Total: _____

Approval: _____ Date: _____

WISCON 2135 RIM PO BOX MADISO

WISCONSIN DEPARTMENT OF REVENUE 2135 RIMROCK RD PO BOX 8949 MADISON, WI 53708-8949

State of Wisconsin • DEPARTMENT OF REVENUE

2135 RIMROCK RD PO BOX 8949 MADISON,WI 53708-8949 PHONE: 608-266-2776 FAX: 608-267-1030 TTY: 608-267-1049 EMAIL: sales10@dor.state.wi.us WEBSITE: www.revenue.wi.gov

> April 14, 2011 Letter ID: L1060708032 Batch Index: 1160464896-466

SPECIAL OLYMPICS WISCONSIN INC 2310 CROSSROADS DR STE 1000 MADISON WI 53718-7600

This is your Wisconsin Sales and Use Tax Certificate of Exempt Status (CES). Purchases made by your organization or entity are taxable unless you provide a properly completed Wisconsin Sales and Use Tax Exemption Certificate (Form S-211), listing the CES number shown below, to your supplier(s).

If your organization makes sales, they may be subject to sales tax collection and you may be required to obtain a Seller's Permit. Information regarding registration requirements can be found in our Publication 206, Sales Tax Exemption for Nonprofit Organizations.

Forms and Publications can be obtained through our web site at <u>www.revenue.wi.gov</u> or through our forms ordering line at (608) 266-1961. Many questions can be answered by reviewing the FAQ pages on our web site. You may also contact us by telephone at (608) 266-2776 or by email at sales10@revenue.wi.gov.

WISCONSIN SALES AND USE TAX CERTIFICATE OF EXEMPT STATUS (CES)

(Governmental, Religious, Charitable, Scientific or Educational Organization)

Sales to this organization or entity are exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wis. Stats.

This certificate is valid unless cancelled by the Wisconsin Department of Revenue.

IMPORTANT:

012517 DATE ISSUED 12/18/1973

SPECIAL OLYMPICS WISCONSIN INC 2310 CROSSROADS DR STE 1000 MADISON WI 53718-7600 Purchases made by your organization are taxable unless you furnish your supplier with the CES number shown above.

CES NUMBER

Sales by your organization may be subject to tax. If your organization makes taxable sales, it may be required to obtain a seller's permit and remit sales tax to the Department of Revenue.

Questions: Contact the Department of Revenue by telephone at (508) 266-2776, FAX (608) 267-1030, E-mail sales10@revenue.wi.gov, or at our Web site www.revenue.wi.gov

WINPAS - atL015 (R.01/08)

			Agency	to Ager	ncy Fu	nds Tra	ansfer		
Agency H Event	olding								
Event									
Date									
Reason fo	or transfers:								
By sig	ning this f	orm on behalf o	of my Agend	cy, I auth	orize th	e trans	fer of fund	ds to cove	r this event.
								Class A	Volunteer
Agency Number	Agency Name	ltem		Number of Items	Cost Per Item	Total Cost	Print	Name	Signature



Investment Options for Agencies

Account / Amount Designation Form

Date						
Agency	Number					
Agency	Name					
Deposit	\$	into the Special	Olympics	Money Market	Savings	Account
Deposit	\$	into the Special	Olympics	1year Certifica	te of Dep	oosit.
Agency I	Manager Signature	& date 1				
Class A v	olunteer Signatur	e & date 1				

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication—Values SOWI lives by to create an environment of integrity where winning is more than coming in first.



Investment Options for Agencies

Transfer Form

Use this forn	n when you wish t	o transfer money between accounts for your Agency.
This transfer	will be made on t	he 1 st business day of the month.
Date		
Agency Num	ber	
Agency Nam	e	
Choose One:	:	
	Transfer \$ account.	from my Agency savings account to my Agency checking
	Transfer \$ account.	_ from my Agency checking account to my Agency savings
Agency Man	ager Signature 2 _	
Class A volur	nteer Signature 2	

Mutual Respect, Positive Attitude, Accountability, Teamwork and Dedication—Values SOWI lives by to create an environment of integrity where winning is more than coming in first.





SPECIAL OLYMPICS FIRST REPORT OF ACCIDENT / INCIDENT

U.S. Program/A	rea: <u>Wisconsir</u>			Date of Incident:		
Injured Person/Party InformationDate of Birth: Name:				/ [Type of Injury/ Accident: Bodily Injury Property Damage 	
(Last)	(First)	(MI)			□ Automobile	
Address:				-	□ Other:	
(Street)	(City)	(State)	(Zip)			
Home Phone: ()			Work Phone: ()	
Gender:	□ Male	E Female		Social Security Number	:	

Description of Accident (If automobile accident occurred, please attach a copy of the police report).

Describe how the accident occurred (Attach a separate sheet if necessary): _

		·····		
		Spor		
Site / event w here accident occurre	ed:	□ Alpine Skiing ¯	□ Power Lifting	Body Part Injured:
Accident Occurred During: Training/Practice Competition Traveling to or from SO event Other: Type of Injury: Severe cut w / bleeding Less serious bruise or cut Break/fracture Concussion Paralysis Fatality Other: Other:	Disposition: Released to parent Refusal of care Refer to doctor Refer to hospital or clinic Medical attention EMS transport Patient requested EMS transport Released to personal vehicle Police Ambulance Report only Other:	 Aquatics Athletics Badminton Basketball Bocce Bowling Cross Country Ski Cycling Equestrian Figure Skating Floor Hockey Golf Gymnastics Kickball 	 Relay Game Roller Skating Sailing Snowsboarding Snowshoe Soccer Softball Speed Skating Table Tennis Team Handbal Track & Field Volleyball Other: 	□ Head □ Neck □ Torso □ Back □ Hand (L / R) □ Finger (L / R) □ Elbow (L / R) □ Shoulder (L / R) □ Leg (L / R) □ Thigh (L / R) □ Thigh (L / R) □ Shin (L / R) □ Shin (L / R) □ Other:
party (e.g. parent, legal guardian).	tion If an athlete or underage volunteer			
Relationship to the injured person:		Name:		
Name:	,	Address:		
Address:				
	Work Pho	one: ()_		
Home Phone: ()				
Does the injured person ha	ave medical insurance? 🛛 🛛 Yes 🗆 N	0		
If yes, insurance is provide	d by: 🛛 Injured Person 🗆 Ca	re Provider/Responsib	le Party	
Please provide name of Company	and Policy Number:			
	,			
Witness Information (Please prov	vide names and phone numbers of any	w itnesses to the incide	ent)	
Witness #1 Name:		Daytime Phone: (_)	-
		Daytime Phone: (
		.,	//	
Special Olympics Official / Repre		Daytime Phone: (
Signature:				

Send completed form to:American Specialty Insurance Services, Inc., P.O. Box 459, Roanoke, IN46783-0309; Fax: (260) 673-1291If injury was serious or a fatality:IMMEDIATELYnotify American Specialty Insurance Services, Inc.
Telephone: (800) 566-7941 (24 hours a day / 7 days a w eek)

AMER: 189207 - SpecOlym Inc. Rep. Form

SPECIAL OLYMPICS REQUEST FOR CERTIFICATE OF INSURANCE

(This form is <u>only</u> utilized when a facility/organization requires a certificate of insurance.)

1)	Date: Person Completing this Form:
2)	U.S. Program/Area:
3)	U.S. Program/Area Address:
4)	U.S. Program/Area Phone No:Fax
	E-mail
5)	Name of Event: Date(s) of Event:
6)	Site or Location of Event:
7)	Is Event a Fundraising Activity? 🛛 YES 🗋 NO If the event is a Fundraising Activity, please provide answers to the following:
	a. Will the event last more than 7 consecutive days?
	b. Will more than 5,000 spectators/participants be in attendance of the event?
	c. Are participants required to sign a Release of Liability Waiver?
Ple	a se a ttach a ny pertinent i nformation regarding fundraisi ng a ctivities (brochure, a dvertisement, specific details)
EXC	 If the event involves any of the following, please contact Jina Doy le at jdoy le@amerspec.com or (260)673-1127 immediately, as the policy either specifically LUDES coverage for these events or requires the U.S. Program to meet certain underwriting requirements. Coverage is not provided for the following ities unless approved in advance by the Insurer. Alcohol Mechanical Rides Golf Ball Drops Firearms Fundraising Events lasting more than 7 consecutive days Inflatable Devices Firearms
8)	Is Event Exclusively for Special Olympics Athletes?
9)	Is Event Sponsored by a Special Olympics Program?
10)	Is the Event Conducted by a Special Olympics Program?
11)	Is Alcohol Being Served at the Event?
	If so, please provide additional details (such as alcohol is included in ticket price, cash bar, donated):
12)	Certificate Holder (entity requiring certificate):
13)	Does the Certificate Holder require Additional Insured status*?
	a. If so, please outline the requested Additional Insured wording:
	b. If so, please outline the Additional Insured's role in the event (such as sponsor, location of event, etc
	Certificate Holder Contact Person:
	Certificate Holder Address:
16)	Certificate Holder Phone No.:Fax:
*^D	E-mail:
	Are you required to enter into an agreement/contract/permit with another party relative to the above -referenced event that contains assumption of liability, indemnification, or hold harmless language?
	Original Certificate should be sent to:
	SEND TO: ATTN: RENE WATERSON E-MAIL: rwaterson@amerspec.com AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. P.O. BOX 309 ROANOKE, IN 46783-0309 TELEPHONE: (800) 245-2744 FAX: (260) 672-8835 Forms for Duplication – AMH 2014 – 2015

Special Olympics Wisconsin Contract Review Checklist

Purpose of Checklist

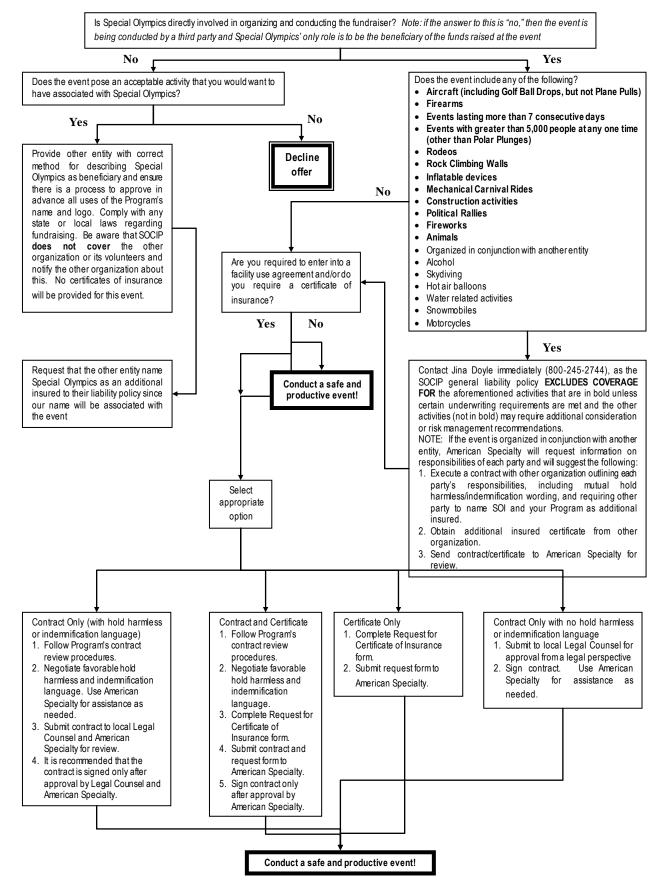
The following checklist is provided as a tool to help Special Olympics U.S. Programs when determining whether to sign a contract/agreement with a venue or facility. This checklist focuses on risk management issues and applies primarily to facility or venue use agreements/contracts. Although some of the same principles may apply, this checklist is not intended to be used for contracts such as hotel agreements, sponsorship agreements, long-term building leases, etc. A U.S. Program should always follow its own protocol relative to the contract review process and should work with legal counsel and insurance representatives (American Specialty or local broker) as appropriate.

Using the Checklist

If the answer to any of the questions below is "no," separate action is recommended prior to signing. Also, please utilize the Event Flowchart to help identify any additional steps that may need to be taken relative to insurance.

□Yes □No	Do you have a complete, legible copy of the contract?
□Yes □No	Are all parties listed by their formal legal names?
□Yes □No	Are the effective dates and times of the agreement accurately stated?
□Yes □No	Are the individuals to sign the agreement authorized representatives of each party?
□Yes □No	 Is the indemnification and hold harmless provision "acceptable"? Acceptable: Other party indemnifies and holds Program harmless for losses, and Program doesn't indemnify or hold other party harmless; or Each party is responsible for its own negligence - mutual indemnification and hold harmless; or Program indemnifies and holds other party harmless but not for losses arising from other party's negligence (or other party's sole or gross negligence). This is acceptable although above options are preferable. Not Acceptable Program indemnifies other party and holds them harmless for any and all losses (including those arising from other party's own negligence), and other party doesn't indemnify or hold Program harmless.
□Yes □No	Does the Program carry the insurance coverage required in the contract?
□Yes □No	 Is the additional insured requirement consistent with the indemnification and hold harmless provision? For example: If there is mutual hold harmless and indemnification, the parties should name each other as additional insured. If the Program must hold harmless and indemnify the other party for losses arising out of the Program's negligence only, then the Program should be required to name the other entity as an additional insured only with respect to losses arising out of the Program's negligence.
□Yes □No	Are the cancellation requirements acceptable (for example, they do not place an undue financial burden on the Program if the Program needs to cancel)?

Insurance Needs Fundraising Event Flowchart



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SPECIAL NEEDS ATHLETE FORM

Completed Special Needs Forms can be copied, but must be submitted at the registration deadline for ALL levels of competition.

Coaches who have athletes with special needs (i.e. communication limitation, hearing or visual impairment, special equipment adaptations or behavioral needs) can relay important information to the event volunteer as to how to best work with the athlete. In some cases, a coach may be allowed to be in the competition area for consultation with the volunteer(s) working with the athlete. It is important in this situation for the coach to introduce the athlete to the volunteer(s) and advise the volunteer(s) on how to work with the athlete. The coach will <u>not</u> be allowed to remain in competition area. Special needs forms are intended to be an aid for the volunteer in working with the athlete and are <u>not to be used for performance-related instructions or coaching tips.</u>

If you have a "Special Needs" athlete please complete the following form (one per athlete). If necessary, this information will be included on the event card. If you do not complete this form, it may be more difficult to accommodate the "Special Needs" for your athlete.

Athlete Name:	
Agency Number and Name:	
Coach Name:	

REQUEST 1:1 Volunteer needed in competition area

- Must obtain prior approval from Event Director (not all requests can be approved).

- Check reason(s) and provide a brief explanation below
- REQUEST 1:1 State Games Housing Chaperone (non-competition related) provide a <u>brief</u> explanation below 1:1 Class A Chaperone Name: ______(must match your Coach/Chaperone Roster)

General Volunteer assistance at the venue – check reason(s) or provide a brief explanation below

General Special Needs: (check all that apply)			
	Guide to/from event/start		Non Verbal
	Behaviorissues		Hearing Impaired
	Wanders		Visually Impaired
	Unsteady on feet		Seizures
	Special Equipment – explain below:		Medical condition that may require the administration or consumption of medication, food or liquids <u>during</u> <u>competition.</u> – provide a <u>brief</u> explanation below.
	Other – explain below:		

Explanation: (Please be as brief as possible):



Special Olympics ATHLET Wisconsin	TE MEDICAL INFORMATION	 Coronary Artery Disease Bleeding/Clotting Disorder
Agency:	Coach:	Stroke
Athlete Name:	Coach: Sex: 🗌 M 🗌 F	Hearing Impaired
Address:		Other/Details
	S.S. #: Phone:	
Specialty		
Destar:	Phone:	
Specialty		ALLERGIES (Please describe re
		🗌 No known allergies 🗌 Env
1) Nome	ACI 3 Dhonou	🗌 Insect Stings 👘 🔲 Late
	Phone:	Ibuprofon Tyle
	Dhana	Other Allergies
	Phone:	
Address:	edical Decisions 🗌 Y / 🗍 N	Reaction Description(s)
MEDICAL INSURAN		
Policy Number:		
Company Name:		MEDICATIONS
Policy Number:		Name Dose
GENERAL HEALTHI		
	Low 🗌 Normal 🗌 High	
	Last Pneumococcal Shot OF: MonthYear	
MEDICAL HISTORY No known medica Asthma Diabetes 	(Check all that exist) al conditions Seizure Disorder Hypertension	

 Bleeding/Clott Stroke Hearing Impair 	ed⊡		Sickle Cell Anemia Dementia Dn Impaired
Other/Details			
ALLERGIES (Plea No known aller Insect Stings Ibuprofen Other Allergies Reaction Descript	rgies 🗌 Env 🗌 Late 🗌 Tyle	ironmental ex	Aspirin Penicillin
MEDICATIONS			
Name	Dose	Frequency	Indication

Pacemaker

Athlete Medical Information Instructions

The following are additional questions/darification to assist you in providing the most accurate and relevant medical information to Special Olympics-WI coaches and medical staff, in addition to emergency medical personnel, if needed. Please feel to provide sensitive information via other methods.

Emergency Contact

Is the athlete able to make ow n medical decisions?

If no, please indicate on form and list who is able to make such decisions, i.e. guardian/Power of Attorney for Healthcare, as Emergency Contact #1.

General Health Information: Please see below and the back of this sheet for a list of questions.

Medical History: Please check/list all current medical problems, major surgery/illness, and medical conditions that may alter evaluation or treatment. In addition, please see below and back side of this sheet for questions about certain conditions.

Allergies: Please check/list any allergies (medication, food, latex, other). Include type of reaction [Anaphylactic (trouble breathing, throat sw elling), rash, GI problems, other]

Medications: Please list all medications, vitamins and supplements taken. In addition, list any recent medication changes and medication side effects that need to be watched for (sun sensitivity, dehydration, etc) in the General Health Information Section. Also, please include if and what over-the-counter medications the athlete may have for minor pain, etc.

General Medical Information Questions: Please indicate answers in the General Health Information or Medical History Sections (only need to provide information if answer is different than "normal")

General Information

- Is the athlete unable to answ er the following?
 - Date, Place, Date of Birth
- Does the athlete have any significant weakness, paralysis, decreased sensation, deformity, spasticity, or rigidity?
- Does the athlete have any hearing, eye or vision problems, especially unequal pupils?
 - Any communicative disabilities?
 - Does the athlete have any chronicskin conditions?
- Any "missed" immunizations?
- Any significant family history (heart disease, diabetes, cancer)?
- Any medical dietary restrictions? Please indicate reason for restriction.

Female Specific

- Does the athlete have heavy menstrual bleeding or cramping?
- Does she know her menstrual cycle?
- Any possibility of pregnancy?

Behavioral/Disability Conditions

- Does the athlete need assistance with personal cares, meals, daily activities, etc.?
 - Any behavioral problems or psychiatric diagnoses?
 - Triggers? Interv entions? Medications?

Heart/Lung Conditions

- Does the athlete have a heart or lung condition that places them at higher risk of illness or injury?
 [determined by a physician]
 - Does the athlete have high blood pressure, irregular heart rhythm, heart murmur, or bleeding problems? Do they take medication?

Gastrointestinal Conditions

- Does the athlete have chronic over/under eating, heartburn, constipation, diarrhea, or abdominal pain?
 - Medication?
 - Treatment (foods to avoid, etc)

Headaches/Migraines

- Does the athlete often get headaches/migraines?
- How severe are they?
 - Complications: vomiting, visual changes, etc?
- How long do they last?
- What treatment is most effective?

Urinary Conditions Does th

- Does the athlete have frequent urinary tract/bladder infections?
 - Signs/Symptoms?
 - Frequency of infections?
 - Usual Medication (antibiotic prescribed by a physician)

Specific Medical Condition Questions

<u>Seizures</u>

- Are they true seizures, pseudo-seizures, fake/behavioral seizures?
- Please describe in detail a typical seizure, including frequency, duration, body movements, staring, postseizure recovery behavior/duration, reasons for going to the emergency department.
- Recent medication changes?

Diabetes

- Do they have a glucometer? Are they able to check their own blood sugar? How often do they check their blood sugar levels?
- Is there any medication that needs to be adjusted for missed meals or increased activity? If so, which
 medications and how?
- Do they often hav e episodes of low blood sugar?

<u>Asthma</u>

- Do they have asthma?
- Triggers?
 - How severe is their asthma?
 - How often do they have an attack?
 - How severe is their attack?
 - Recent ED v isits/hospitalizations? History of ICU v isits/intubations?

MOTOR ACTIVITIES TRAINING PROGRAM (MATP) SANCTION FORM

This form must be completely filled out and submitted to the Program office at least <u>eight</u> <u>weeks prior</u> to the scheduled training day activity. Challenge award ribbons will be mailed out to MATP programs two weeks prior to the event.

PLEASE PRINT OR TYPE	
MATP Coordinator:	
Phone: Daytime:	Evening:
E-mail Address:	
Agency:	
Address:	
City:	State:Zip:
Estimated number of MATP Special Olympics at	hletes participating:
Estimated coach-to-athlete ratio:	
Training Dates:	
Training Site:(Location)	
(Location)	(City)
Training Day Activity Site (if different):(Locati	on) (City)

Mail eight weeks prior to training day activity to:

Special Olympics Wisconsin 2310 Crossroads Dr. Ste. 1000 Madison, WI 53718 Attn: Director of Training and Competition

MOTOR ACTIVITIES TRAINING PROGRAM (MATP)

The Special Olympics Motor Activities Training Program (MATP) is designed for persons with the most severe handicaps who do not yet possess the physical and/or behavioral skills necessary to participate in Official Special Olympics Sports. The program provides a comprehensive motor activity and recreation training curriculum for these participants that can be administered by a variety of trainers (e.g., physical educators, re-creators, and therapists). In addition, direct care workers, parents, and volunteers will find the MATP helpful in developing appropriate motor programs for individuals with severe handicaps.

The Motor Activities Training Program emphasizes training and participation rather than competition. The MATP utilizes goals, short term objectives, task analyzed activities, assessments, and teaching suggestions for individualizing motor activity instruction so that persons with severe handicaps can participate in appropriate recreation activities geared to their ability levels. These activities can be conducted in schools and large residential facilities, as well as in community-based settings.

GOALS AND OBJECTIVES

LONG - TERM GOAL - The long-term goal is a global statement about what you feel your participant can accomplish in a one-or two-year time period.

The participant will demonstrate motor and sensory-motor skills, appropriate behavior, and an understanding of the skills and rules of the Motor Activities Training Program that will enable him/her to successfully take part in training day activities and official Special Olympics sports.

SHORT TERM OBJECTIVES – Choose two to four short-term objectives that you feel your participant can achieve in an 8- to 16-week training program:

- 1. Given demonstration and practice, the participant will warm-up properly (with assistance as needed) before performing motor activities.
- 2. Given demonstration and practice, the participant will demonstrate an awareness of visual, auditory, and/or tactile stimulation.
- 3. Given demonstration and practice, the participant will successfully perform mobility activities.
- 4. Given demonstration and practice, the participant will successfully perform dexterity activities.
- 5. Given demonstration and practice, the participant will successfully perform s triking activities.
- 6. Given demonstration and practice, the participant will successfully perform kicking activities.
- 7. Given demonstration and practice, the participant will successfully perform activities using a manual wheelchair.
- 8. Given demonstration and practice, the participant will successfully perform activities using an electric wheelchair (when appropriate).
- 9. Given demonstration and practice, the participant will successfully take part in aquatics activities.
- **10.** Given demonstration and practice, the participant will successfully participate in age-appropriate modified group games and sports.
- 11. Given that the participant has successfully completed a six-to-eight-week training program, the participant will take part in a training day.
- 12. Based on the participant's motor skills, he/she will take part in official Special Olympics sports, training day activities, and/or community- based sport and recreation activities.

The MATP is being introduced to Special Olympics Wisconsin (SOWI) programs through a series of coaches certified training schools. SOWI strongly encourages each program interested in developing the MATP to have at least one of their coaches become certified as a MATP coach. Coaches' certification is not a requirement, but will greatly aid in delivering a quality MATP program to the Special Olympics athletes.

To assist programs with implementing the MATP program, SOWI will provide cost-free challenge award ribbons. Special Olympics athletes who complete an eight-week training session and participate in training day activities are eligible to receive a ribbon. In order to be sanctioned as an official SOWI MATP program and receive the challenge award ribbons, a program must submit a sanction form at least eight weeks prior to the scheduled training day. (NOTE: This is to insure an adequate supply of challenge award ribbons are on hand.)

Questions on MATP can be answered by contacting the SOWI Sports Department at (800) 222-1324 or visit <u>www@specialolympicswisconsin.org</u>.

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SPORTS COMPETITION EVENT GRANT FORM

INTENT:

To support registered Agencies of Special Olympics Wisconsin in their efforts to organize, promote and implement multi-Agency team competitions in sports offered by Special Olympics Wisconsin.

APPLICATIONS:

Grants for competitions may be used only to offset officials' fees, facility costs, equipment rental fees, and crucial event costs. (NOTE: Awards, travel, mementos, etc. are not applicable costs for grant expenditures.)

REQUIREMENTS:

- 1. Grant applications are to be submitted by a representative of a registered (current) SOWI Agency.
- 2. The competition (i.e., tournament, meet, etc.) must involve a minimum of three different SOWI Agencies.
- 3. The competitive event in question must utilize properly certified/current sport officials and follow applicable SOI, SOWI and National Governing Body rules.
- 4. SOI and SOWI awards policies must be followed.
- 5. Each grant application must be accompanied by a rough draft of the organizational aspects of the event schedule in question; i.e., competition format, numbers of teams to be involved, any committee structure, site, date, etc.
- 6. Each grant must include a budget listing overall tournament expenses and how grant money will be allocated, plus overall expenses.
- 7. A grant application must be <u>received</u> at your SOWI **Area office** a minimum of thirty (30) days in advance of the date of the event.

RESTRICTIONS:

- 1. A registered SOWI Agency may receive more than one grant per program year and multiple grant applications are encouraged.
- 2. A maximum award of \$400.00 is available for each grant application.
- 3. Grants are not applicable toward SOWI-sponsored area, district, regional or state events.
- 4. Grants will be issued on a "first-come, first-served" basis; forms received will be date-stamped, awarded by merit and in order of receipt. (When grant money is no longer available, agencies will be notified.)

REVIEW PROCESS/AWARDS:

All grants will be reviewed as soon as possible after receipt and any follow-up contacts will be made at that time. Final notification of grant approval and amounts to be received will be as expeditious as possible to facilitate the applicant's event planning processes.

SPORTS COMPETITION EVENT GRANT FORM

EVENT TITLE:				
APPLICANT'S N	NAME:			
CITY:		STA	TE:ZIP:	
WORK PHONE:	: <u>()</u>			
HOME PHONE:	<u>(</u>			
AGENCY NUMB	BER:AGENCY	Y NAME:		
GRANT AMOUN	IT DESIRED:	(Maximum is \$400.00)		
		(Maximum is \$400.00)		
INTENT OF GR	ANT FUNDS (Briefly	/ describe how money will be ι	sed):	
SIGNATURE O	FAPPLICANT:		DATE:	
Please attach	the event budget a	and submit to the Area office	30 days in advance of th	e event.
	-	OFFICE USE ONLY	-	
Approved:	Denied:	Amount Awarded:	Date:	

FILING PROTESTS AT EVENTS

- 1. Protests to the games rules committee may only be made concerning games presentation, structure and conduct.
- 2. Protests to the sports rules committee may only be made concerning competition of athletes within a venue, where within that competition, rulings are determined in regard to the fairness and equity of the competition.
- 3. All protests must be initiated prior to the presentation of awards.
- 4. Protests must be presented to the head official of the event immediately in an oral fashion so that the event officials may be made aware of the appeal.
- 5. The head official may rule on appeals immediately, but if the response of the head official does not resolve the protest, a formal protest may follow.
- 6. All formal protests must be submitted within a half hour of the event in question.
- 7. All protests must be made on this official form.
- 8. All protests will be brought to the attention of the sports rules committee for final resolution. The decision of this committee shall be final and binding unless this committee concludes that the protest concerns games presentation, structure and/or conduct, at which time the committee will refer the protest to the games rules committee.

PROTEST FORM

Date:	Time Submitted:
Sport:	Event:
Age Group:	Division (Heat):
Athlete or Team Name:	
Identification Number:	Agency Number:
Reason For Protest:	
Signature of Sport Head Coach:	
***************************************	***************************************
DECISIC	ON BY SPORTS RULES COMMITTEE
Protest Approved:	Protest Denied:
Signed:	
Date:	Time:

DISQUALIFICATIONS

All Special Olympics Wisconsin (SOWI) athletes who do not conform to the rules and regulations of the sport in which they are competing are subject to disqualification. All disqualifications are made by the judge or official responsible for each event. All disqualified athletes will be officially signaled as such at the time of the infraction. The judge or official declaring the disqualification will fill out an official event disqualification report and submit it to the sports rules committee.

Below is a sample of the form the official will use for disqualifications. Please note that aquatics uses a separate form.

OFFICIAL EVENT DISQUALIFICATION REPORT

1.	Event:	2.	Division:		3.	Lane:
4.	Athlete Number:					
	Athlete Name:					
6.	Reason For Disqualification:					
7.	Judge's Signature:					
8.	Time:			Date:		

SPECIAL OLYMPICS WISCONSIN PROPOSED RULE CHANGE FORM



Name of Sport:	Date of Submission:
Mail form to:	Special Olympics Wisconsin Sports Department 2310 Crossroads Dr Suite 1000 Madison, WI 53718
Submit by: Ma	ay 1 st Annually
Or, e-mail to:	bw hitehead@specialolympicswisconsin.org
🗆 SI	ange to: General Sports Rules/ Policies port Specific Rules/ Policies port:
Official Special Oly	mpics Sports Rules Version you are reading from for this change:
Rule Reference (i.	e. General Information Section - Competition Guide, or Athletics - Section E-Rules of Competition, 1.b.)
Page Number	
Rule as it Reads: _	
Delete rule	Add new rule Change to read as follow s:
Person Submitting	Rule Change:
Address:	
Agency:	
Daytime Telephone	e Number: E-mail Address:
	nmittee Use Only
APPROVE AS	PROPOSED
	ED
REFER TO SP	ORTS RESOURCE TEAM FOR ADDITIONAL INFORMATION
	/ITH THE FOLLOWING REVISIONS:

INTERNATIONAL RULE CHANGE FORM

Name of Sport	Date of Submission:	
Mail formto:	Sports Rules Advisory Committee (SRAC) c/o Sports Department Special Olympics Inc. 1133 19th Street, NW Washington, DC 20036 USA	
Or, e-mail to:	sportsrules@specialolympics.org	
Official Special Oly	mpics Sports Rules version you are reading from for this change:	
Rule reference (i.e	e. Cycling — Section E-Rules of Competition, 1.b.)	
Please see attache	ed file. New events, etc are outlined in red.	
Page number		
Rule as it reads:		
Delete rule	(Check the box of the action proposed)	
Add new rule	d as follow s:	
Reason for propos	sed rule change:	
	pmental events for athletes w ho do not have the ability to compete in novice, intermediate and advanced I rules for addition of a snow board cross event.	dleves. In
Has this rule chang	ge been field tested/utilized? If so, where and with what results?	
Affiliated Special C	Dlympics Program:	
Rule change subm	nitted on behalf of Special Olympics Program:	
Person submitting	rule change:	
Address:		
Daytime telephone	e number:	
For Rules Con	nmittee Use Only	
APPROVE AS	PROPOSED	
	ED	
REFER TO SF	PORTS RESOURCE TEAM FOR ADDITIONAL INFORMATION	

MEDICAL REFUND REQUEST

Directions:

- > Complete this form and attach a doctor's explanation.
- ➤ Mail To:

SPECIAL OLYMPICS WISCONSIN 2310 CROSSROADS DRIVE, SUITE 1000 MADISON, WI 53718

The request and doctor's report must be received within 10 days of the conclusion of the event. Late or incomplete requests will be denied. If approved, the refund check will be mailed in the Agency's name to the Agency manager.

thlete Name:
Agency Number:Agency Name:
vent:
A medical refund is requested for the athlete above. The doctor's explanation is attached.
Contact Name:
Signed:
Date:
SPECIAL OLYMPICS WISCONSIN – USE ONLY
xpproved: \$
Denied: Coding Expense:
Signed:
Chief Operating Officer (COO)
Check Number: Date:

Special Olympics Wisconsin FUNDRAISING PROJECT APPLICATION

Name of project:						
This project is on behalf of:						
Local Agency						
Individuals or Organizations involved in project:						
Project date(s):						
Give a brief description of the project:						
Is a raffle being held in conjunction with this even *If yes, see raffle requirements in Fund Raising						
Will the Special Olympics name or logo be used	1?					
	(If yes, attach a sample of material(s))					
Estimated dollars to be raised (gross income):	\$					
Estimated expenses:	\$					
Estimated dollars to local Agency:	\$					
Submitted by:						
Name	Title					
Mailing Address	Telephone					
Email Address						
RETURN TO REGIONAL OFFICE 30	0-60 DAYS PRIOR TO EVENT					
L						
Approved:						

Regional Director of Development

Date

Special Event Summary

Agency/Region:		gency/Region Staff Time Involved:	
Event:		Number of Volunteers: Prior to Event	
Dates:		Day of Event	
	List	of Corporate Sponsors	
Name	Cash Actuals	In-Kind Actuals	

- 1.
- 2.
- 3.
- 4.

Expenditures		Income			
	Cash Actuals	Source (pledges, auction, etc.)	In-Kind	Cash Actuals	
Prizes		1.			
Event Food		2.			
Printing/Photography		3.			
Facilities		4.			
Appreciation/Hospitality		5.			
Administrative		6.			
(Insurance)		7.			
(Permits)		8.			
(Postage)		9.			
		10.			
Incentives/Souvenirs		11.			
		12.			
Sales Tax		13.			
Miscellaneous		14.			
Total Expense	\$	Total Income	\$	\$	
Net (Income - Expense)	\$		1		
Cost to Raise a Dollar : (Total Expense ÷Total Income)					



Healthy Communitie	es Mini Project Contact Information			
Agency/Site Name:	Agency/Site Number:			
SOWI Agency SOWI Project UNIFY S (Check one)	-			
Healthy Communities Mini Project Coordina	tor Name:			
Role within Agency/Site:				
Address:				
City: Zip Code:				
Phone: Fax:				
Email: (Required)				
(
Please use this as a checklist to ensure you are including all required elements in your Healthy Communities Mini-Project. This will serve as a guide for you to follow as you are developing your Healthy Communities Mini-Project.				
	unities Mini Project Approaches check all that apply)			
	ocal organizations (health care providers, health educators, nal associations) in providing their services to Special ir community.			
-OR-				
Engaging Your Network: Harness net support Special Olympics athletes year-re	twork of families, caregivers, coaches, and athlete peers to ound in healthy living.			
-OR-				

Leveraging Technology: Through the use of technology, empower athletes, caregivers, and coaches with information they need to have a safe and healthy Special Olympics experiences.

-OR-

Building Awareness: Share your success story with SOWI staff.

Healthy Communities Mini Project (please check one)				
Local Family Health Forum – Current and perspective athletes and their caregivers participate in opportunities that provide direct access to relevant health information and resources.				
-OR-				
Community Wellness Opportunities – Athletes participate in opportunities organized and <u>offered by a local community organization</u> . May include participation in Fitness Classes, Walking Clubs, Cooking Classes or Weight Loss Classes, etc.				
-OR-				
☐ Special Olympics Wellness Opportunities – Athletes participate in opportunities organized and <u>offered by Special Olympics</u> . May include participation in Fitness Classes, Walking Clubs, Cooking Classes or Weight-loss Challenge, etc.				
-0R-				
□ Coach Health Education – Coaches and volunteers participate in training opportunities about healthcare, information and resources <u>related to individuals with ID</u> . May include participation in First Aide/CPR classes, Coaching Clinics and Seminars, etc.				
**Other Mini-Project Idea –				
**Other Project ideas must be approved by Healthy Communities Project Director.				
In-House Accounting				
In-House Account – **An Agency/Site must have an existing in-house finance account and is subject to current in-house accounting policies and procedures for mini-project expenditures.				
*If an Agency/Site does not have an in-house account, Special Olympics Wisconsin will work with Agency to establish one specifically for the purposes of this grant.				
<u>Timeline</u> (please check one)				
August 1, 2013 – January 31, 2014 – All Mini-Project expenditures and post evaluation materials are due January 31, 2014.				
February 1, 2014 – January 31, 2015 – All Mini-Project expenditures and post evaluation materials are due January 31, 2015.				
February 1, 2015 – July 31, 2015 – All Mini-Project expenditures and post evaluation materials are due July 31, 2015.				

Communication, Evaluation, and Sustainability Plan					
(please check all)					
The Agency/Site agrees to:					
Participate in post evaluation process as outlined by SOWI Healthy Communities and SOI consisting of a short survey.					
-AND-					
Communicate with SOWI Healthy Communities staff (pre and post) regarding Healthy Communities Mini-Project.					
-AND-					
Provide SOWI Healthy Communities staff with copies of all **expenditures related to Healthy Communities Mini Project.					
**Invoices via E-mail: Invoice sent to Accounting Manager with copy sent to the Healthy Communities Project Director for approval of payment.					
**Invoices via US Postal: Invoice sent to Healthy Communities Project Director for approval of payment.					
-AND-					
Provide SOWI Healthy Communities staff with a report that highlights the benefits of Healthy Communities Mini-Project.					
-AND-					
Provide SOWI Healthy Communities staff with pictures/videos of Healthy Communities Mini- Project.					

*Please attach a one-page **Healthy Communities Mini-Project Summary** to this application to share your ideas for the Healthy Communities Mini-Project (may be typed or hand-written). This Summary should include a description of your Healthy Communities Mini-Project, dates, and budget justification based on the checked boxes above.

Commitment and Certification

Certification:

By signing this Application Form, the applicant certify that:

- the information provided is accurate and that any awarded funds received have been, and/or will be, used according to the stated purpose;
- the Agency will comply with all Special Olympics general rules and SOWI policies during all Special Olympics programs/events;
- the Agency will participate in the reporting and evaluation process;
- The persons signing this Healthy Communities Mini-Project agreement have the authority to commit to these conditions.

Agency Manager Signature:	
Printed Name:	Date:
Heathy Communities Mini Project Coordinator Si	gnature:
Printed Name:	Date:

Please e-mail this form, complete with signatures to:

Jessica Chuckel Healthy Communities Project Director jchuckel@specialolympicswisconsin.org

-OR-

Mail to: PO Box 1835 Eagle River, Wisconsin 54521



Proposed Budget & Budget Justification

The Proposed Budget and Budget Justification must accompany your 2014 Healthy Communities Agreement when submitted to the Healthy Communities staff for consideration. Examples for Budget Line Items and Budget Guidelines are provided (see below).

Examples of Budget Line Items & Guidelines:

- •Supplies- Cost incurred to acquire office items for daily activities. Examples may include: paper, markers, wood for signs, T-shirts, stickers, posters, etc.
- •Equipment- Equipment acquired not meeting the threshold to be capitalized. Examples may include: uniforms, sports equipment, banners (that are reusable), etc.
- Transportation-Ground expenses. Examples may include: bus expense to Special Olympics Healthy Communities-related event.
- Provisions- Food Expenses: food and/or refreshments for an event and snacks during training session, etc.

Requirements and Budget:

- Healthy Communities Mini-Projects are only available to existing agencies, Project UNIFY sites or Young Athletes sites with in-house accounts and are subject to in-House accounting policy.
- All Healthy Communities invoices must be sent to Healthy Communities Project Director for approval of payment.
- All Healthy Communities Mini-Projects require a sustainability plan for continual programming.
- All Healthy Communities Mini-Projects must complete a report at the conclusion of the project.
- Mini-Projects may receive up to \$500.

Examples of Local Healthy Community Projects – Healthy Communities are designed to engage and empower local communities to ultimately create communities where Special Olympics athletes and others with ID have the same access to health and wellness resources – and can attain the same level of good health – as all community members do.

Walking Clubs, Cooking Classes, local Health Fair, local Family Health Forum

Additional Budget Guidelines...What to buy??? What not to buy???

Acceptable & Justifiable Expense(s):

Transportation to a Special Olympics Healthy Communities event Refreshments at local Healthy Community Events Healthy Snacks accompanying a Healthy Communities-related Event Pedometers, Water Bottles, T-Shirts, Hand Sanitizer, and other Health related giveaways Supplies for successful implementation of local Healthy Communities Project Equipment for local Special Olympics Healthy Communities Project Professional/ Speaker Stipend - \$100 per Professional/Speaker

Not Acceptable OR Justifiable Expense(s):

I-Pad or other web-browsing tablet Ice cream or Pizza "Party" Classroom equipment Multiple Flip or digital cameras Fundraising supplies Salaries

BUDGET for Healthy Communities Agreement:

Budget Line Item:	Mini-Grant Award Funding:	In-Kind Contributions:
	ć	
SUPPLIES	\$	
EQUIPMENT	\$	
TRANSPORTATION	\$	
PROVISIONS	\$	
OTHER		
(list additional items as needed)	\$	
	\$	
	\$	
TOTAL (may not exceed \$500)):	\$	

Budget Justification: Briefly explain why your request for funds will be necessary for each line item.

SUPPLIES:

EQUIPMENT:

TRANSPORTATION:

PROVISIONS:

OTHER:

Special Olympics Wisconsin (SOWI) Special Olympics Fitness (SOFIT) Athlete Intent to Train and Compete

Special Olympics Wisconsin



Athlete Information			
Athlete Name:	Agency Number:		
Address:	Tshirt Size: S M L XL XXL (circle one)		
City: Zip Code:			
Athlete Home Phone:			
Athlete Cell Phone:			
Athlete E-mail Address: (Required)			
Required Elements Please use this as a checklist to ensure your participation in the SOFIT Program. This will serve as a guide for you to follow as you are training and participating in this Special Olympics Wisconsin program.			
<u>SOFIT Requirements</u> (please check all that apply)			
 I am a Special Olympics Wisconsin athlete with a current valid medical on file. My medical expiration date is: -OR- I am not a Special Olympics athlete. I am training and competing with a Special Olympics athlete with a current valid medical on file. 			
-AND-			
 I intend to train ONLY in the in the SOFIT Program OR- I intend to train in the SOFIT Program and compete in an * 	*open community event.		
** Name of Open Community Event:			

** Date of Open Community Event: _____

SOFIT Training			
(please	check al	l that	apply

I am training:

At Home

At a local community fitness facility:

Other:_____

<u>SOFIT Trainer</u> (please check all that apply)			
My *trainer is: A Certified SOWICoach: A SOWI**Class A Volunteer: A Parent/Caregiver: A non-disabled Peer: A special Olympics Athlete: A member of the Military Services: Other: * The trainer can be a coach, **Class A volunteer, family member or friend.			
** Anyone who has direct contact with athletes or is in a position of authority, supervision or trust of athletes or handles substantial amounts of cash or other assets for Special Olympics needs to be a registered Class A volunteer.			
<u>SOFIT Intend to Train</u> (please check one)			
I intend to train for: 4 weeks 8 weeks 12 weeks Other:			
<u>Communication and Monitoring Progress</u> (please check all)			
The Athlete and Trainer agrees to:			
Set goals based on current level of performance. Monitor training performance by completing the training and performance log following each training session and submitting to Special Olympics Wisconsin every four weeks.			
-AND-			
Train 1-2 times per week with a trainer. A trainer is a person who will train and verify progress toward goal(s), incentive requests and/or reimbursement requests.			
-AND-			
Provide SOWI staff with written documentation highlighting the successes of your SOFIT experience.			
-AND-			
Provide SOWI staff with pictures/videos of SOFIT experience.			

Certification:

By signing this Application Form, the athlete applicant certifies that:

- the information provided is accurate;
- the athlete will comply with all Special Olympics general rules and SOWI policies during Special Olympics events;
- the athlete will participate in the communication and documenting requirements;
- The persons signing this SOFIT agreement have the authority to commit to these conditions.

Athlete Signature:	
Printed Name:	_Date:
Parent/Guardian Signature:	
Printed Name:	_Date:
Trainer Signature:	
Printed Name:	_Date:

Please return your SOFIT Intent to Train and Compete Form to:

Don Wigington

Regional Director of Sports

Special Olympics Wisconsin – South Central Region 6

575 D'Onofrio Drive Suite 102 Madison, WI 53719 Tel (608) 828-2620 Fax (608) 828-2621 Email dwigington@specialolympicswisconsin.org