

## AGENCY INFORMATION

|                          |                        |                            |                                |
|--------------------------|------------------------|----------------------------|--------------------------------|
| Agency Number:           | 6-48                   | Agency Name:               | Platteville Parks & Recreation |
| Agency Type:             | Other                  | Date From:                 | 2000                           |
| Address1:                | Connie Powers          | Address2:                  | 18716 West Mound Road          |
| Address3:                | Platteville WI, 53818  | City:                      | Platteville                    |
| State:                   | Wi                     | Zip:                       | 53818                          |
| Business Phone:          | 609-348-8906           | Home Phone:                | 608-348-8906                   |
| Cell Phone:              | 608-732-5980           | Fax:                       |                                |
| Agency Manager:          | Connie Powers          | Manager Date From:         | 11/26/2000                     |
| Manager Email:           | npowers@centurytel.net | Co Manager:                | Shery Denure                   |
| Co Manager Date From:    | 11262000               | Co Manager Email:          | denures@yahoo.com              |
| Treasurer Name:          | Carolyn VanDeWiel      | Treasurer Date From:       | 11262000                       |
| Treasurer Email:         | vandewic@hotmail.com   | Fundraiser Name:           | Paula Bartelme                 |
| Fundraiser Date From:    | 11262000               | Fundraiser Email:          |                                |
| Medical Records Name:    | Connie Powers          | Medical Records Date From: | 11262000                       |
| Medical Records Email:   | npowers@centurytel.net | Athletes Served:           | Adult                          |
| Accepting New Athletes:  | Yes                    | Accounts In House:         | No                             |
| Fundraising Another Org: | No                     | Fundraising Org Name:      |                                |
| Alpine Skiing:           |                        | Cross Country Skiing:      |                                |
| Snowboarding:            |                        | Snowshoe Racing:           |                                |
| Team Basketball:         | Yes                    | Basketball Skills:         |                                |
| Artistic Gymnastics:     |                        | Rhythmic Gymnastics:       |                                |
| Aquatics:                | Yes                    | Athletics:                 | Yes                            |
| Soccer:                  |                        | Powerlifting:              |                                |
| Bocce:                   |                        | Golf:                      | Yes                            |
| Softball:                | Yes                    | Tee Ball:                  |                                |
| Tennis:                  |                        | Bowling:                   | Yes                            |
| Volleyball:              |                        | Flag Football:             |                                |
| Agreement:               |                        | Unified Basketball:        |                                |
| Unified Bocce:           |                        | Unified Bowling:           |                                |

## ADMINISTRATION

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| 1. | <b>Agency Manager has reviewed and understands the SOWI Agency Program Guide and references appropriate sections to members of the Agency Management Team.</b>   | Yes |
| 2. | <b>When signing contracts, the Agency utilizes the Certificate of Insurance according to SOWI guidelines. (Checking N/A indicates the Agency does not sign contracts.)</b>                             | Yes |
| 3. | <b>Agency follows Special Olympics Incorporated (SOI) policies regarding athlete housing.</b>  | Yes |
| 4. | <b>Agency understands the purpose of the SOWI Agency Management Committee (AMC) and knows how to contact their Region's representative.</b>  | Yes |
| 5. | <b>Agency knows how to navigate and utilize the SOWI website, including how to access the Agency log in, and where to find the Agency Program Guide, Competition Guide, forms and other resources.</b> | Yes |
| 6. | <b>Questions / Concerns</b><br>no questions  |     |

## TRAINING AND VOLUNTEERS

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| 1.  | All volunteers (Agency managers, coaches, chaperones, etc.) are registered as Class A volunteers with SOWI according to the Special Olympics, Inc. volunteer registration policy including completing the Protective Behaviors General Orientation online training.  | Yes |
| 2.  | All certified coaches have completed the online General Coaches' Certification and all Class A Requirements.   | Yes |
| 3.  | Agency follows all SOWI policy relating to volunteers and roster accuracy in addition to the team or individual sport advancement to state-level competition (A certified coach must accompany each team or serve as the certified coach for one sport at the same State Tournament).  | Yes |
| 4.  | Please report the total number of family members actively involved in a leadership role in your agency.  | 6   |
| 5.  | Class A volunteers, Certified Coaches, and Athletes (including Unified Sports Partners) must adhere to their respective Code of Conduct.   | Yes |
| 6.  | All training and competition facilities and equipment are safe and there is a first aid kit, up-to-date athlete medical information and emergency contacts on hand and a phone and/or transportation available in case of an emergency. This information is to be provided by the coach if the athlete needs medical attention. It is recommended that coaches and chaperones carry this information at all times while at competitions. | Yes |
| 7.  | All athletes have a current Application for Participation in Special Olympics Form and Official Special Olympics Release Form filed with SOWI Headquarters, prior to beginning training.   | Yes |
| 8.  | Does your agency offer any of the following fitness programming outside of the regular sports practices? (Check all that apply)  |     |
| 9.  | What sport-specific training would you like to see offered in your region? *Please note this is only to gauge interest and does not guarantee that a training will be held in your region. (Check all that apply)  |     |
| 10. | Questions / Concerns   |     |

## COMPETITION

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|----|---|-----|
| 1. | Agency possesses, understands and utilizes the Competition section of the SOWI Agency Program Guide.  | Yes |
| 2. | Athletes adhere to sports rules and competition policies.   | Yes |
| 3. | Coaches conduct themselves in a professional manner which reflects the SOWI mission and philosophy, adheres to sports rules and competition policies. | Yes |
| 4. | Agency is aware of USA Games and World Games opportunities for their athletes and coaches and understands how to nominate those that qualify.         | Yes |
| 5. | Questions / Concerns  |     |

## FINANCE

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|----|--|-----|
| 1. | Agency follows procedures and submits paper documents for petty cash, payabales and deposits.  | Yes |
| 2. | Invoice Approval Form is signed by the Agency Manager and one other member of the Agency Management Team who are Class A volunteers without financial restrictions and are not family members.               | Yes |
| 3. | Agency understands and submits Sales Tax Reporting Form with deposits that include sales of taxable items within 30 days of the sale. (Checking N/A indicates Agency does not conduct sales tax activities.) | Yes |
| 4. | Agency submits Money Handling Accountability form for all fundraisers at the time a deposit is made. (Checking N/A indicates the Agency does not conduct fundraisers where cash is exchanged.)               | Yes |
| 5. | Agency understands how to check its finances on the Agency log-in section of the website and does so monthly. (Applies only if Agency has in-house account.)   | Yes |
| 6. | Questions / Concerns   |     |

## FUNDRAISING

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1. **The following question is only for Agencies who conduct fundraisers in the name of Special Olympics Wisconsin: Agency participates in state-sponsored fundraising events, many of which offer Agency rebates.**

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Facility Rental (i.e., bowling lane fees, gym rental, etc.)

☐

Equipment (i.e., basketballs, bats, etc.)

☐

Uniforms

☐

Transportation

☐

State Games Fees

☐

Other:

2. **Questions / Concerns**

## COMMUNICATION & PUBLIC RELATIONS

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|----|---|--------|
| 1. | <b>Agency official materials (i.e. stationary, event programs, newsletters) use the required brand standards layout as outlined by Special Olympics, Incorporated. (Circling N/A indicates Agency has no official materials.)</b> | No     |
| 2. | <b>Agency regularly communicates information to athletes, families, volunteers and sponsors.</b>  | Yes    |
|    | Newsletters   | Weekly |
|    | E-Mail  | Weekly |
|    | Facebook Group  |        |
|    | Website   |        |
|    | Mail  |        |
|    | Other:  |        |
| 3. | <b>Agency has read and understands the SOWI Crisis Communication Plan.</b>  | Yes    |
| 4. | <b>Agency's only form of social media is through a Facebook group (not Facebook page). (Checking N/A means the Agency does not use social media)</b>  |        |
| 5. | <b>Agency flag or banner has the current Special Olympics logo. When ordering new materials, brand standards must be met.</b>   | Yes    |
| 6. | <b>Agency uniforms have the current Special Olympics logo. When ordering new materials, brand standards must be met. (Circling N/A indicates uniforms don't contain the Special Olympics logo.)</b>                               | Yes    |
| 7. | <b>Questions / Concerns</b>   |        |

## OUTREACH

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|----|--|-----|
| 1. | <b>Agency does not discriminate on the basis of race, gender, religion, nationality, origin or political philosophy.</b>   | Yes |
|    |  |     |
| 2. | <b>Agency has reached its full capacity and is unable to bring new athletes into the program. (If at full capacity, please refer the individual to the Region office.)</b> |     |
|    |  |     |
| 3. | <b>Agency informs parents about the Healthy Athletes program and opportunities for athletes to attend these free screenings.</b>   |     |
|    |  |     |
|    | <input type="checkbox"/>   |     |
|    | Project UNIFY®*  |     |
|    | <input checked="" type="checkbox"/>  |     |
|    | Healthy Athletes®  |     |
|    | <input type="checkbox"/>   |     |
|    | Get Into It®*  |     |
|    | <input type="checkbox"/>   |     |
|    | Healthy Communities Mini-projects*   |     |
|    | <input checked="" type="checkbox"/>  |     |
|    | Spread the Word to End the Word®*  |     |
|    | <input type="checkbox"/>   |     |
|    | Unified Sports®*   |     |
|    | <input type="checkbox"/>   |     |
|    | Young Athletes™*   |     |
| 4. | <b>Questions / Concerns</b>  |     |



**ATHLETE LEADERSHIP PROGRAMS (ALPS)**

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1.

Agency is aware of Athlete Leadership efforts and places athletes in position of leadership at the Agency level.

Yes
2.

Questions / Concerns

**If you have athletes in these roles in 2019-2020, please list name and check all roles that apply:**