## **AGENCY INFORMATION**

Agency Type:         Community Based         Date From:         1981           Address1:         1008 Woodview Drive         Address2:           Address3:         WI         Zip:         53024           State:         WI         Zip:         53024           Business Phone:         Home Phone:         262-377-6517           Cell Phone:         \$262-894-5120         Fax:           Agency Manager:         Kevin Szydel         Manager Date From:         1981           Agency Manager Email:         kjszydel@wi.rr.com         Co Manager:         Linda Brothen           Co Manager Date From:         Kaithy Schult/Linda Brothen         Treasurer Date From:         Fundraiser Date From:         Medical Records Date From:	Agency Number:	8-02	Agency Name:	North Suburban Special Olympics
Address3:         City:         Grafton           State:         WI         Zip:         53024           Business Phone:         262-894-5120         Fax:           Agency Manager:         Kevin Szydel         Manager Date From:         1981           Manager Email:         kjszydel@wi.rr.com         Co Manager:         Linda Brothen           Co Manager Date From:         2004         Co Manager Email:         brothen@uwm.edu           Treasurer Name:         Kathy Schult/Linda Brothen         Treasurer Date From:         Treasurer Date From:           Treasurer Email:         Fundraiser Name:         Fundraiser Date From:           Fundraiser Date From:         Fundraiser Date From:         Fundraiser Date From:           Medical Records Name:         Ruth Cheme         Medical Records Date From:           Medical Records Email:         cherne@hotmail.com         Athletes Served:         Both           Accepting New Athletes:         Yes         Accounts In House:         Yes           Fundraising Another Org:         No         Fundraising Org Name:         Alpine Skiling:         Yes           Snowboarding:         Yes         Basketball Skills:         Yes           Artistic Gymnastics:         Yes         Athletics:         Yes	Agency Type:	Community Based	Date From:	1981
State:   WI	Address1:	1008 Woodview Drive	Address2:	
Business Phone:	Address3:		City:	Grafton
Cell Phone: 262-894-5120 Fax:  Agency Manager: Kevin Szydel Manager Date From: 1981  Manager Email: kjszydel@wi.rr.com Co Manager Email: brothen@uwm.edu  Treasurer Name: Kathy Schult/Linda Brothen Treasurer Date From:  Treasurer Email: Fundraiser Name: Fundraiser Name: Fundraiser Date From: Fundraiser Date From: Medical Records Name: Ruth Cheme Medical Records Date From: Medical Records Email: Pressurer Email: Press	State:	WI	Zip:	53024
Agency Manager: Kevin Szydel Manager Date From: 1981  Manager Email: kjszydel@wi.rr.com Co Manager: Linda Brothen  Co Manager Date From: 2004 Co Manager Email: brothen@uwm.edu  Treasurer Name: Kathy Schult/Linda Brothen  Treasurer Date From: Fundraiser Name:  Fundraiser Date From: Fundraiser Email:  Medical Records Name: Ruth Cherne Medical Records Date From:  Medical Records Email: cherne@hotmail.com Athletes Served: Both  Accepting New Athletes: Yes Accounts In House: Yes  Fundraising Another Org: No Fundraising Org Name:  Alpine Skiing: Cross Country Skiing:  Snowboarding: Snowshoe Racing: Yes  Artistic Gymnastics: Rhythmic Gymnastics:  Aquatics: Yes Athletics: Yes  Soccer: Yes Powerlifting:  Bocce: Yes Golf:  Softball: Yes Tee Ball:  Tennis: Yes Bowling: Yes  Fundraising: Yes  Fundraising: Yes  Athletics: Yes  Socter: Yes Bowling: Yes  Fundraising: Yes  Fundraising Another Org: Yes  Fundraising Org Name: Yes  Basketball Skills: Yes  Athletics: Yes  Soccer: Yes Bowling: Yes  Fundraising Gymnastics: Athletics: Yes  Fundraising Gymnastics: Yes  Soccer: Yes Bowling: Yes  Fundraising Gymnastics: Yes  Soccer: Yes Bowling: Yes  Fundraising Org Name: Yes  Fundraising Org	Business Phone:		Home Phone:	262-377-6517
Manager Email: kjszydel@wi.rr.com Co Manager: Linda Brothen  Co Manager Date From: 2004 Co Manager Email: brothen@uwm.edu  Treasurer Name: Kathy Schult/Linda Brothen  Treasurer Date From: Fundraiser Name:  Fundraiser Date From: Fundraiser Email:  Medical Records Name: Ruth Cherne Medical Records Date From:  Medical Records Email: cherne@hotmail.com Athletes Served: Both  Accepting New Athletes: Yes Accounts In House: Yes  Fundraising Another Org: No Fundraising Org Name:  Alpine Skiing: Cross Country Skiing:  Snowboarding: Snowshoe Racing: Yes  Artistic Gymnastics: Rhythmic Gymnastics:  Aquatics: Yes Athletics: Yes  Acthletics: Yes  Acthletics: Yes  Acthletics: Yes  Soccer: Yes Golf:  Softball: Yes Bowling: Yes  Fundraising Another Yes  Fundraising Another Yes  Basketball Skills: Yes  Athletics: Yes  Acthletics: Yes  Soccer: Yes Golf:  Softball: Yes Tee Ball:  Tennis: Yes Bowling: Yes  Bowling: Yes  Flag Football:	Cell Phone:	262-894-5120	Fax:	
Co Manager Date From:  Co Manager Date From:  Co Manager Email:  Freasurer Name:  Treasurer Email:  Fundraiser Name:  Fundraiser Mame:  Fundraiser Email:  Fundraiser Email:  Fundraiser Email:  Medical Records Name:  Medical Records Name:  Medical Records Email:  Cherne@hotmail.com  Athletes Served:  Both  Accepting New Athletes:  Fundraising Another Org:  No  Fundraising Org Name:  Alpine Skiing:  Snowboarding:  Snowboarding:  Yes  Basketball Skiils:  Yes  Attistic Gymnastics:  Aquatics:  Yes  Athletics:  Yes  Athletics:  Yes  Soccer:  Yes  Golf:  Softball:  Yes  Bowling:  Yes  Flag Football:  Yes  Flag Football:	Agency Manager:	Kevin Szydel	Manager Date From:	1981
Treasurer Name:  Kathy Schult/Linda Brothen  Treasurer Date From:  Fundraiser Name:  Fundraiser Date From:  Fundraiser Date From:  Fundraiser Date From:  Medical Records Name:  Medical Records Name:  Medical Records Email:  Accepting New Athletes:  Yes  Accounts In House:  Yes  Accounts In House:  Yes  Fundraising Org Name:  Cross Country Skiing:  Snowshoe Racing:  Yes  Team Basketball:  Yes  Basketball Skills:  Yes  Athletics:  Aquatics:  Aquatics:  Yes  Athletics:  Yes  Soccer:  Yes  Golf:  Softball:  Tennis:  Yes  Bowling:  Yes  Flag Football:  Yes  Flag Football:	Manager Email:	kjszydel@wi.rr.com	Co Manager:	Linda Brothen
Treasurer Email: Fundraiser Name: Fundraiser Date From: Fundraiser Date From:  Medical Records Name: Ruth Cherne Medical Records Date From: Medical Records Email: Cherne@hotmail.com Athletes Served: Accepting New Athletes: Fundraising Another Org: No Fundraising Org Name: Alpine Skiing: Cross Country Skiing: Snowshoarding: Team Basketball: Yes Basketball Skills: Yes Artistic Gymnastics: Rhythmic Gymnastics: Aquatics: Yes Athletics: Yes Soccer: Yes Powerlifting: Bocce: Softball: Yes Bowling: Yes Bowling: Yes Fiag Football:	Co Manager Date From:	2004	Co Manager Email:	brothen@uwm.edu
Fundraiser Date From:  Medical Records Name:  Medical Records Email:  Cherne@hotmail.com  Athletes Served:  Medical Records Date From:  Medical Records	Treasurer Name:	Kathy Schult/Linda Brothen	Treasurer Date From:	
Medical Records Name: Ruth Cherne Medical Records Date From:   Medical Records Email: cherne@hotmail.com Athletes Served: Both   Accepting New Athletes: Yes Accounts In House: Yes   Fundraising Another Org: No Fundraising Org Name:   Alpine Skiing: Cross Country Skiing:   Snowboarding: Yes Basketball: Yes   Team Basketball: Yes Basketball Skills: Yes   Artistic Gymnastics: Rhythmic Gymnastics: Yes   Aquatics: Yes Athletics: Yes   Soccer: Yes Powerlifting:   Bocce: Yes Golf:   Softball: Yes Tee Ball:   Tennis: Yes Bowling: Yes   Volleyball: Yes Flag Football:	Treasurer Email:		Fundraiser Name:	
Medical Records Email:  Cherne@hotmail.com Athletes Served:  Accounts In House:  Yes  Accounts In House:  Fundraising Another Org:  No Fundraising Org Name:  Alpine Skiing:  Cross Country Skiing:  Snowboarding:  Yes  Basketball Skills:  Yes  Artistic Gymnastics:  Rhythmic Gymnastics:  Aquatics:  Yes  Accounts In House:  Yes  Snowshoe Racing:  Yes  Basketball Skills:  Yes  Athletics:  Yes  Active Gymnastics:  Appear of the property of the prop	Fundraiser Date From:	ndraiser Date From: Fundraiser Email:		
Accepting New Athletes:  Yes  Accounts In House:  Fundraising Another Org:  No  Fundraising Org Name:  Alpine Skiing:  Cross Country Skiing:  Snowboarding:  Yes  Basketball Skills:  Yes  Basketball Skills:  Yes  Artistic Gymnastics:  Rhythmic Gymnastics:  Aquatics:  Yes  Athletics:  Yes  Soccer:  Yes  Golf:  Softball:  Yes  Bowling:  Yes  Yes  Yes  Volleyball:  Yes  Flag Football:	Medical Records Name:	Ruth Cherne	Medical Records Date From:	
Fundraising Another Org:  No Fundraising Org Name:  Alpine Skiing:  Snowboarding:  Snowboarding:  Yes  Basketball Skills:  Yes  Artistic Gymnastics:  Aquatics:  Yes  Athletics:  Yes  Soccer:  Yes  Powerlifting:  Bocce:  Yes  Golf:  Softball:  Yes  Bowling:  Yes  Yes  Volleyball:  Yes  Flag Football:	Medical Records Email:	cherne@hotmail.com	Athletes Served:	Both
Alpine Skiing:  Snowboarding:  Snowboarding:  Yes  Basketball:  Artistic Gymnastics:  Aquatics:  Yes  Athletics:  Yes  Soccer:  Yes  Golf:  Softball:  Yes  Bowling:  Yes  Fundraising Org Name:  Yes  Yes  Yes  Snowboarding:  Yes  Basketball Skills:  Yes  Athletics:  Yes  Golf:  Tee Ball:  Tennis:  Yes  Bowling:  Yes  Yes  Volleyball:  Yes  Flag Football:	Accepting New Athletes:	Yes	Accounts In House:	Yes
Snowboarding: Snowshoe Racing: Yes   Team Basketball: Yes Basketball Skills: Yes   Artistic Gymnastics: Rhythmic Gymnastics:   Aquatics: Yes Athletics: Yes   Soccer: Yes Powerlifting:   Bocce: Yes Golf:   Softball: Yes Tee Ball:   Tennis: Yes Bowling: Yes   Volleyball: Yes Flag Football:	Fundraising Another Org:	No		
Team Basketball:  Yes  Basketball Skills:  Yes  Artistic Gymnastics:  Aquatics:  Yes  Athletics:  Yes  Powerlifting:  Bocce:  Yes  Golf:  Softball:  Tennis:  Yes  Bowling:  Yes  Yes  Yes  Yes  Yes  Yes  Flag Football:	Alpine Skiing:			
Artistic Gymnastics:  Aquatics: Yes Athletics: Yes Powerlifting:  Bocce: Yes Golf:  Softball: Yes Bowling: Yes Volleyball: Yes Flag Football:	Snowboarding:		Snowshoe Racing:	Yes
Aquatics:  Yes  Powerlifting:  Bocce:  Yes  Golf:  Tee Ball:  Tennis:  Yes  Yes  Flag Football:  Yes	Team Basketball:	Yes	Basketball Skills:	Yes
Soccer:  Yes  Powerlifting:  Bocce:  Yes  Golf:  Softball:  Yes  Yes  Bowling:  Yes  Volleyball:  Yes  Flag Football:	Artistic Gymnastics:		Rhythmic Gymnastics:	
Bocce: Yes Golf:  Softball: Tennis: Yes Bowling: Yes Volleyball: Yes Flag Football:	Aquatics:	Yes	Athletics:	Yes
Softball:  Tennis:  Yes  Bowling:  Yes  Volleyball:  Yes  Flag Football:	Soccer:	Yes	Powerlifting:	
Tennis:  Yes  Bowling:  Yes  Volleyball:  Yes  Flag Football:	Bocce:	Yes	Golf:	
Volleyball:  Yes  Flag Football:	Softball:	Yes	Tee Ball:	
Von	Tennis:	Yes	Bowling:	Yes
Agreement: Yes Unified Basketball:	Volleyball:	Yes	Flag Football:	
	Agreement:	Yes	Unified Basketball:	
Unified Bocce: Unified Bowling:	Unified Bocce:		Unified Bowling:	

### **ADMINISTRATION**

1.	The Local Program Manager has reviewed and understands the SOWI Local Program Guide and references appropriate sections to members of the Local Program Team.	Yes
2.	When signing contracts, the Local Program utilizes the Certificate of Insurance according to SOWI guidelines. (Checking N/A indicates the Agency does not sign contracts.)	Yes
3.	Local Program follows Special Olympics, Incorporated policies regarding athlete housing.	Yes
4.	Local Program understands the purpose of the SOWI Agency Management Committee (AMC) and knows how to contact their Region's representative.	Yes
5.	Local Program knows how to navigate and utilize the SOWI website, including how to access the Local Program log in, and where the Local Program Manager "SOWI Local Program Guide", Competition Guide, forms and other resources are located.	Yes

6. Questions / Concerns

## TRAINING AND VOLUNTEERS

1.	All volunteers (Local Program 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, Class A Form, and background check online training.	Yes
2.	All certified coaches have completed the online General Coaches' Certification and all Class A Requirements.	Yes
3.	Local Program 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.	Yes
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 contact on hand, 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 (Athlete Medical Form) and Official Special Olympics Release Form filed with SOWI State Office, prior to beginning training	Yes
8.	Does your Local Program 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 We are in the process of having all volunteers do the online concussion training.	

### **COMPETITION**

- 1. Local Program possesses, understands and utilizes the Competition section of the SOWI Local Program Guide.

  2. Athletes adhere to sports rules and competition policies.

  3. Coaches conduct themselves in a professional manner which reflects the SOWI mission and philosophy, adheres to sports rules and competition policies.

  4. Local Program is aware of USA Games and World Games opportunities for their athletes and coaches and understands how to nominate those that qualify.
- 5. Questions / Concerns

### **FINANCE**

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

### **FUNDRAISING**

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

1.	Local Program official materials (i.e. stationary, event programs, no standards layout as outlined by Special Olympics, Incorporated. (Chas no official materials.)	·	Yes
2.	Local Program regularly communicates information to athletes, families, volunteers and sponsors.  (The use of written communication is encouraged for all Local programs.)		Yes
	Newsletters	ESS	
	E-Mail	Weekly	
	Facebook Group		
	Website		
	Mail	Monthly	
	Other:		
3.	Local Program has read and understands the SOWI Crisis Commun	nication Plan.	Yes
4.	Local Program's only form of social media is through a Facebook (Checking N/A means the Local Program does not use social media		No
5.	Local Program flag or banner has the current Special Olympics log standards must be met.	o. When ordering new materials,	Yes
6.	Local Program uniforms have the current Special Olympics logo. (contain the Special Olympics logo.) When ordering new materials,	<u> </u>	Yes
7.	Questions / Concerns		

### **OUTREACH**

1.	Local Program does not discriminate on the basis of race, gender, religion, nationality, origin or political philosophy. (Checking "No" indicates your Local Program discriminates.)	Yes
2.	If Local Program has reached its full capacity and is unable to bring new athletes into the program, check yes. (If any Local Program has reached its full capacity, the Local Program refers the individual to the Region office.)	No
3.	Local Program is informing their parents about Healthy Athletes disciplines and/or making parents aware athletes can attend Healthy Athletes at State games without being registered for that State games.	Yes
4.	Project UNIFY®*  ☐  Healthy Athletes®  ☐  Get Into It®*  ☐  Healthy Communities Mini-projects*  ☐  Spread the Word to End the Word®*  ☐  Unified Sports®*  ☐  Young Athletes™*  Local Program is aware of Unified Leadership, and, if appropriate, places athletes in a position of	
	leadership at the Local Program level.	
5.	Questions / Concerns	

# ATHLETE LEADERSHIP PROGRAMS (ALPS)

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

#### Yes

# 2. Questions / Concerns

A more defined role of what criteria for the athlete-as-coach would be valuable. Assistance for athletes who might be interested, and would be valuable members, but might need mentoring help in speaking, etc. Getting new athletes involved as a mix with returning athletes would potentially help athletes and SOWI.

If you have athletes in these roles in 2020-2021, please list name and check all roles that apply: