AGENCY INFORMATION

Agency Number:	5-03	**Agency Name:**	Syble Hopp School
Agency Type:	School	**Date From:**	8/31/2021
Address1:	755 Scheuring Rd	**Address2:**	
Address3:		**City:**	DePere
State:	WI	**Zip:**	54115
Business Phone:	(920)336-5754	**Home Phone:**	(715)-630-6707
Cell Phone:	(715)-630-6707	**Fax:**	(920)336-7262
Agency Manager:	Joe Klicka	**Manager Date From:**	9/14/2017
Manager Email:	jklicka@syblehopp.org	**Co Manager:**	
Co Manager Date From:		**Co Manager Email:**	
Treasurer Name:		**Treasurer Date From:**	
Treasurer Email:		**Fundraiser Name:**	
Fundraiser Date From:		**Fundraiser Email:**	
Medical Records Name:		**Medical Records Date From:**	
Medical Records Email:		**Athletes Served:**	Both
Accepting New Athletes:	Yes	**Accounts In House:**	No
Fundraising Another Org:	Yes	**Fundraising Org Name:**	Syble Hopp Parent Organization
Alpine Skiing:		**Cross Country Skiing:**	
Snowboarding:		**Snowshoe Racing:**	Yes
Team Basketball:	Yes	**Basketball Skills:**	Yes
Artistic Gymnastics:		**Rhythmic Gymnastics:**	
Aquatics:	Yes	**Athletics:**	Yes
Soccer:	Yes	**Powerlifting:**	
Bocce:	Yes	**Golf:**	Yes
Softball:		**Tee Ball:**	
Tennis:		**Bowling:**	Yes
Volleyball:		**Flag Football:**	
Agreement:	Yes	**Unified Basketball:**	Yes
Unified Bocce:	Yes	**Unified Bowling:**	Yes
Corn Hole:	Yes	**Sr Athletes Sports:**	

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 Local Program Management Committee 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** I have no questions at this time.	

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.**	10
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)**	Yes
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** I have no training questions at this time.	

COMPETITION

1.	**Local Program possesses, understands and utilizes the Competition section of the SOWI Local 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.	**Local Program 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** I have no questions regarding competition at this time.	

FINANCE

1.	**Local Program follows procedures and submits proper documents for petty cash, payables and deposits.**	Yes
2.	**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.**	Yes
3.	**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.)**	N/A
4.	**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.)**	N/A
5.	**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.)**	No
6.	**Local Program has in-house accounts with Special Olympics Wisconsin**	No
7.	**Local Program raises funds in the name of another organization/entity (i.e. school, YMCA) to benefit Special Olympics Wisconsin**	Yes

8. **Questions / Concerns**

I am going to have to check in with our business manager regarding these financial questions.

FUNDRAISING

1. **Local Program does not deny athletes participation based on economic circumstance. (Checking “No” indicates your Local Program denies athletes because of economic circumstance.)**

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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. **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.** Yes

3. **Questions / Concerns**

COMMUNICATION & PUBLIC RELATIONS

1.	**Local Program official materials (i.e. stationary, event programs, newsletters) use the required brand standards layout as outlined by Special Olympics, Incorporated. (Circling N/A indicates Local Program has no official materials.)**	No
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	Monthly
E-Mail	ESS
Facebook Group	ESS
Website	Monthly
Mail	Weekly
Other: Remind 101	Monthly

3.	**Local Program has read and understands the SOWI Crisis Communication Plan.**	Yes
4.	**Local Program's only form of social media is through a Facebook group (not Facebook page). (Checking N/A means the Local Program does not use social media)**	Yes
5.	**Local Program flag or banner has the current Special Olympics logo. When ordering new materials, standards must be met.**	Yes
6.	**Local Program uniforms have the current Special Olympics logo. (Circling N/A indicates uniforms don't contain the Special Olympics logo.) When ordering new materials, standards must be met.**	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

☑

Project UNIFY®*

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Healthy Athletes®

☑

Get Into It®*

☑

Healthy Communities Mini-projects*

☑

Spread the Word to End the Word®*

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Unified Sports®*

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Young Athletes™*

4. **Questions / Concerns**

ATHLETE LEADERSHIP PROGRAMS (ALPS)

1.	**Local Program is aware of Unified Leadership, and, if appropriate, places athletes in a position of leadership at the Local Program level.**	Yes
2.	**Questions / Concerns**	

If you have athletes in these roles in 2021-2022, please list name and check all roles that apply: