

## AGENCY INFORMATION

Agency Number:	8-44	Agency Name:	Bi-County Spec Olympics 8-44
Agency Type:	Community	Date From:	1994
Address1:	N88W24088 N. Lisbon Rd.	Address2:	
Address3:		City:	Sussex
State:	Wi	Zip:	53089
Business Phone:	4145078940	Home Phone:	2622469769
Cell Phone:	4145078940	Fax:	
Agency Manager:	Ben Godlewski	Manager Date From:	3/1/2016
Manager Email:	bgodlewski61@gmail.com	Co Manager:	Alisa Novak
Co Manager Date From:	3/1/2016	Co Manager Email:	coachalisabc@gmail.com
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:	Yes
Fundraising Another Org:	No	Fundraising Org Name:	No
Alpine Skiing:		Cross Country Skiing:	
Snowboarding:		Snowshoe Racing:	Yes
Team Basketball:	Yes	Basketball Skills:	Yes
Artistic Gymnastics:		Rhythmic Gymnastics:	
Aquatics:	Yes	Athletics:	Yes
Soccer:		Powerlifting:	
Bocce:		Golf:	Yes
Softball:		Tee Ball:	
Tennis:		Bowling:	Yes
Volleyball:	Yes	Flag Football:	Yes
Agreement:	Yes		

## ADMINISTRATION

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| 1. | Agency Manager has reviewed and understands the SOWI Agency Manager Handbook and reference appropriate sections to members of the Agency Management Team.  | Yes |
| 2. | When signing contracts, the Agency utilizes the Certificate of Insurance according to SOWI guidelines. (Not selecting an answer indicates the Agency does not sign contracts.)                         | Yes |
| 3. | Agency follows Special Olympics, Incorporated policies regarding athlete housing.  | Yes |
| 4. | Agency understands purpose of SOWI Agency Management Committee and knows how to contact their Region's representatives.  | Yes |
| 5. | Agency knows how to navigate and utilize the SOWI website, including how to access the Agency log in, and where the Agency Manager Handbook, Competition Guide, forms and other resources are located. | Yes |
| 6. | Questions / Concerns   |     |

## 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 on-line General Coach's Orientation, Concussion Training, Protective Behaviors and all Class A Requirements.  | Yes |
| 3. | Agency follows SOWI policy relating to volunteers and roster accuracy as well as team and/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. | Class A volunteers, Certified Coaches, and Athletes (including Unified Sports Partners) must adhere to their respective Code of Conduct.   | Yes |
| 5. | 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 |
| 6. | 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 |
| 7. | Questions / Concerns   |     |

COMPETITION

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1.	Agency possesses, understands and utilizes the Competition section of the SOWI Agency Manager Handbook.	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 follow procedures and submits paper documents for petty cash, payabales and deposits. (By not selecting yes or no you are indicating N/A).  | 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. (By not selecting yes or no you are indicating N/A).        | Yes |
| 3. | Agency understands and submits Sales Tax Reporting Form with deposits that include sales of taxable items within the month of the sale. (By not selecting yes or no you are indicating N/A which means your 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. (By not selecting yes or no you are indicating N/A).  | Yes |
| 5. | Agency understands how to check its finances on the Agency log in 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 follwing question is only for Agencies who conduct fundraisers in the name of SOWI: Agency participates in state-sponsored fundraising events, many of which offer Agency rebates.** ☒

Yes

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, etc.) use the required graphic standards layout as outlined by Special Olympics, Incorporated. (Not selecting an answer indicates Agency has no official materials.)</b>  | Yes |
| 2. | <b>Agency regularly communicates information to athletes, families, volunteers and sponsors. If yes, please indicate what ways of communication you use to inform athletes, families, volunteers, and sponsors about your agency and/or SOWI. (The use of written communication is encouraged for all Agencies.)</b> | Yes |
|    | Newsletters Monthly  |     |
|    | E-Mail Weekly  |     |
|    | Facebook Group Monthly   |     |
|    | 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). (Not selecting an answer means the Agency does not use social media)</b>  | Yes |
| 5. | <b>Agency flag or banner has the current Special Olympics logo. When ordering new materials, standards must be met.</b>  | No  |
| 6. | <b>Agency uniforms have the current Special Olympics logo. When ordering new materials, standards must be met.</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. (Checking "No" indicates your Agency does discriminate.)</b>  | Yes |
| 2. | <b>If Agency has reached its full capacity and is unable to bring new athletes into the program, check Yes. (If any Agency is at full capacity, the Agency refers the individual to the Region office.)</b>                                    | Yes |
| 3. | <b>Agency 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. <input checked="" type="checkbox"/></b> | Yes |

Project UNIFY®\*



Healthy Athletes®



Get Into It®\*



Healthy Communities Mini-projects\*



Spread the Word to End the Word®\*



Unified Sports®\*



Young Athletes™\*

4. **Questions / Concerns**



**ATHLETE LEADERSHIP PROGRAMS (ALPS)**

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1.

Agency is aware of ALPs, and, if appropriate, places athletes in a position of leadership at the Agency level.

Yes
2.

Questions / Concerns

**If you have athletes in these roles in 2015-2016, please list name and check all roles that apply:**

**Athlete Name: Kenny Kostanski**

× - Agency Management Team Member  
? - Local Coach (Must be 18)  
× - Took the Polar Plunge  
? - \*Fundraise  
× - Local Athlete Input Council  
× - Public Speaking  
Other - explain:

**Athlete Name: Becca Stelpflug**

× - Agency Management Team Member  
? - Local Coach (Must be 18)  
? - Took the Polar Plunge  
? - \*Fundraise  
× - Local Athlete Input Council  
? - Public Speaking  
Other - explain:

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