# AGENCY INFORMATION

Agency Type:CommunityDate From:724/2006Address1:1410 Kilbourn St.Address2:Address3:''City:KEWAUNEEState:WIJp:54216Business Phone:20-255-2011Fax:''Cell Phone:20-255-2011Fax:''Agency Manager:asvise@hotmail.comCo Manager:''Agency Manager:asvise@hotmail.comCo Manager:''CommunityJAME WITCPALEKCo Manager:''Treasurer Date From:JAME WITCPALEKMaryanszydel@gmail.comMaryanszydel@gmail.comTreasurer Email:jamiel@pagelsponderosa.comFundraiser Name:''Maryans ZYDELGudraiser Mane:Maryann SZYDELBothAddreisal Records Name:MARY ANN SZYDELBoth''Addreisaling Another Org:NoLudraising Org Name:''Applie Skiling:YesSasetball Skilins:YesAndraising Another Org:YesSasetball Skilins:YesApplie Skiling:YesAkteits:YesAndraiser Caseton:NoSasetball Skilins:YesApplie Skiling:YesAkteits:YesAndreiser Caseton:YesSasetball Skilins:YesApplie Skiling:YesAkteits:YesApplie Skiling:YesSasetball Skilins:YesApplie Skiling:YesSasetball Skilins:YesApplie Skiling:YesSasetball Skilins:YesApplie	Agency Number:	5-16	Agency Name:	KEWAUNEE CO SPECIAL OLYMPICS
Address1:NotacitationAddress2:Address3:City:KEWAUNEEState:WIZip:54216Business Phone:20-255-2011Fax:Cell Phone:20-255-2011Fax:Agency Manager:AMY VLIESManager Date From:7/24/2006Manager Email:asvies@hotmail.comCo Manager Email:7/24/2006Co Manager Email:asvies@hotmail.comCo Manager Email:10/11/2007Treasurer Name:JAMIE WITCPALEKTreasurer Date From:10/11/2007Treasurer Email:jamie@pagelsponderosa.comFundraiser Name:MARY ANN S2YDELFundraiser Date From:1/01/2013Fundraiser Email:mayannszydel@gmail.comMedical Records Name:MARY ANN S2YDELMedical Records Date From:1/01/2013Medical Records Email:maryannszydel@gmail.comKthetes Served:BothAccepting New Athletes:YesCoss Country Skiing:YesFundraising Another Org:NoFundraising Org Name:YesAjpine Skiing:YesSocwingYesAristic Gymnastics:YesSocwing:YesAquatics:YesGolf:YesSoccer:YesTee Ball:YesSocial:YesTee Ball:YesSocial:YesTee Ball:YesSocial:YesTee Ball:YesSocial:YesTee Ball:YesSocial:YesTee Ball:YesSocial:YesTee Ball:<	Agency Type:	Community	Date From:	7/24/2006
Address:VityZip:StaticState:WIZip:54216Business Phone:Part Phone:Cell Phone:920-255-2011Fax:Agency Manager:AMY VLIESManager Date From:7/24/2006Manager Email:asvies@hotmail.comCo Manager Email:7/24/2006Co Manager Date From:JAMIE WITCPALEKTreasurer Date From:10/11/2007Treasurer Mame:JAMIE WITCPALEKTreasurer Date From:10/11/2007Treasurer Email:jamiel@pagelsponderosa.comFundraiser Name:MARY ANN SZYDELFundraiser Date From:1/01/2013Fundraiser Email:maryannszydel@gmail.comMedical Records Date From:1/01/2013Medical Records Date From:1/01/2013Medical Records Email:maryannszydel@gmail.comAthletes Served:BothAccepting New Athletes:YesCross Country Skiing:YesFundraising Another Org:NoFundraising Org Name:YesAlpine Skiing:YesSnowshoe Racing:YesAquatics:YesRithetics:YesAquatics:YesGolf:YesSoccer:YesGolf:YesSoftball:YesGolf:YesSoftball:YesGolf:YesSoftball:YesGolf:YesSoftball:YesGolf:YesSoftball:YesGolf:YesSoftball:YesGolf:YesSoftball:YesYesSo	Address1:	1410 Kilbourn St.	Address2:	
state:  Zip:  Home Phone:    Business Phone:  920-255-2011  Fax:    Agency Manager:  AMY VLIES  Manager Date From:  7/24/2006    Manager Email:  asvlies@hotmail.com  Co Manager:	Address3:		City:	KEWAUNEE
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Manager Email:Action of the Action of the Actio	Agency Manager:	AMY VLIES	Manager Date From:	7/24/2006
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Treaduler LinkitFundralser Name.Fundralser Date From:1/01/2013Fundralser Email:maryannszydel@gmail.comMedical Records Name:MARY ANN SZYDELMedical Records Date From:1/01/2013Medical Records Email:maryannszydel@gmail.comAthletes Served:BothAccepting New Athletes:YesAccounts In House:YesFundraising Another Org:NoFundraising Org Name:YesAlpine Skiing:Cross Country Skiing:Snowshoe Racing:YesSnowboarding:YesBasketball Skills:YesAquatics:YesRhythmic Gymnastics:YesAquatics:YesGolf:YesSoccer:YesGolf:YesBocce:YesGolf:YesSoftball:YesFee Ball:YesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYesYesSoftball:YesYes <td< th=""><td>Treasurer Name:</td><td>JAMIE WITCPALEK</td><td>Treasurer Date From:</td><td>10/11/2007</td></td<>	Treasurer Name:	JAMIE WITCPALEK	Treasurer Date From:	10/11/2007
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Medical Records Email:  maryannszydel@gmail.com  Athletes Served:  Both    Accepting New Athletes:  Yes  Accounts In House:  Yes    Fundraising Another Org:  No  Fundraising Org Name:  Yes    Alpine Skiing:  Cross Country Skiing:  Snowshoe Racing:    Team Basketball:  Yes  Basketball Skills:  Yes    Aquatics:  Yes  Rhythmic Gymnastics:  Yes    Aquatics:  Yes  Off:  Yes    Bocce:  Yes  Golf:  Yes    Sottball:  Yes  Golf:  Yes    Teens:  Yes  Yes  Yes	Fundraiser Date From:	1/01/2013	Fundraiser Email:	maryannszydel@gmail.com
Accepting New Athletes:    Yes    Yes      Fundraising Another Org:    No    Fundraising Org Name:    Yes      Alpine Skiing:    Cross Country Skiing:    Image: Cross Country Skiing:    Image: Cross Country Skiing:      Snowboarding:    Snowshoe Racing:    Yes    Image: Cross Country Skiing:    Yes      Team Basketball:    Yes    Basketball Skills:    Yes      Aquatics:    Yes    Rhythmic Gymnastics:    Yes      Soccer:    Powerlifting:    Yes    Softball:      Softball:    Yes    Golf:    Yes      Softball:    Yes    Solities    Yes	Medical Records Name:	MARY ANN SZYDEL	Medical Records Date From:	1/01/2013
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Softball:  Yes  Tee Ball:    Tennis:  Bowling:  Yes	Soccer:		Powerlifting:	
Tennis: Bowling: Yes	Bocce:	Yes	Golf:	
Dowing.	Softball:	Yes	Tee Ball:	
Volleyball: Flag Football:	Tennis:		Bowling:	Yes
	Volleyball:		Flag Football:	
Agreement: Yes Unified Basketball:	Agreement:	Yes	Unified Basketball:	
Unified Bocce: Unified Bowling:	Unified Bocce:		Unified Bowling:	
Corn Hole: Sr Athletes Sports:	Corn Hole:		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

### **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)	No
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)	

<sup>10.</sup> Questions / Concerns

# 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

#### 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.)	Yes
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.)	Yes
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.)	Yes
6.	Local Program has in-house accounts with Special Olympics Wisconsin	
7.	Local Program raises funds in the name of another organization/entity (i.e. school, YMCA) to benefit Special Olympics Wisconsin	
8.	Questions / Concerns	

#### FUNDRAISING

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

Facility Rental (i.e., bowling lane fees, gym rental, etc.)
Equipment (i.e., basketballs, bats, etc.)
Uniforms
Transportation
State Games Fees
Other:
The following question is only for Local Programs who conduct fundraisers in the name of Special

Yes

- 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.
- 3. Questions / Concerns

# **COMMUNICATION & PUBLIC RELATIONS**

1.	Local Program official materials (i.e. stationary, event programs, newsletters) standards layout as outlined by Special Olympics, Incorporated. (Circling N/A has no official materials.)	•	Yes
2.	Local Program regularly communicates information to athletes, families, volur (The use of written communication is encouraged for all Local programs.)	teers and sponsors.	Yes
	Newsletters		
	E-Mail	ESS	
	Facebook Group	ESS	
	Website		
	Mail		
	Other:		
3.	Local Program has read and understands the SOWI Crisis Communication Pla	n.	Yes
4.	Local Program's only form of social media is through a Facebook group (not F (Checking N/A means the Local Program does not use social media)	acebook page).	Yes
5.	Local Program flag or banner has the current Special Olympics logo. When ore standards must be met.	dering new materials,	Yes
6.	Local Program uniforms have the current Special Olympics logo. (Circling N/A contain the Special Olympics logo.) When ordering new materials, standards n		Yes

## 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®*
$\checkmark$
Healthy Athletes®
Get Into It®*
Healthy Communities Mini-projects*
Spread the Word to End the Word $\ensuremath{\mathbb{R}}^*$
Unified Sports®*
Young Athletes™*

<sup>1.</sup> Local Program is aware of Unified Leadership, and, if appropriate, places athletes in a position of leadership at the Local Program level.

Yes

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