AGENCY INFORMATION

Agency Type:CommunityDate From:2022Address1:15524 N. 4th AveAddress2:Address3:''City:MerrillState:WIZjp:54452Business Phone:''Home Phone:715-538-6633Cell Phone:715-673-7692Fax:''Agency Manager:Bev SchmidtManager Date From:10/01/2016Manager Email:beverlyaschmidt54@gmail.coCo Manager:''Co Manager Date From:Everett SchmidtCo Manager:9/01/2017Treasurer Name:Everett SchmidtFundraiser Name:9/01/2017Treasurer Email:eschmidtyi@aol.comFundraiser Name:David KrauseFundraiser Date From:03/15/19Fundraiser Email:kmiles@charter.comMedical Records Stameit:YesAccounts In House:YesFundraising Another Org:NoFundraising Org Name::YesAguatics:YesScocer:YesYesAguatics:YesSaketball Skills:YesAguatics:YesAthetics:YesAguatics:YesSocier:YesAguatics:YesSocier:YesAguatics:YesSocier:YesAguatics:YesSocier:YesAguatics:YesSocier:YesMarking:YesSocier:YesFundraising Another Org:YesSocier:YesAguatics:YesSocier:YesSocier:<	Agency Number:	2-03	Agency Name:	Wausau Metro Adult Special Olympics Agency 2-03
Address1.Address2.Address2.City:MerrillState:WIZip:54452Business Phone:Home Phone:715-538-6633Cell Phone:715-573-7692Fax:Agency Manager:Bev SchmidtManager Date From:10/01/2016Manager Email:beverlyaschmidt54@gmail.comCo Manager:10/01/2016Co Manager Date From:beverlyaschmidt54@gmail.comCo Manager:9/01/2017Treasurer Name:Everett SchmidtTreasurer Date From:9/01/2017Treasurer Email:eschmidtyjr@aol.comFundraiser Name:David KrauseFundraiser Date From:03/15/19Fundraiser Email:Nadites@charter.comMedical Records Name:Carol KrauseMedical Records Date From:AdultAccepting New Athletes:YesAccounts In House:YesFundraising Another Org:NoFundraising Org Name:YesAppine Skiing:YesSnowshoe Racing:YesAquatics:YesAthletics:YesAquatics:YesAthletics:YesSoccer:YesGolf:YesBocce:YesGolf:YesSottball:YesTee Ball:YesSottball:YesYesYesSottball:YesSottball:YesSottball:YesSottball:YesSottball:YesSottball:YesSottball:YesSottball:YesSottball:YesSottball	Agency Type:	Community	Date From:	2022
Address:City:State:WIZip:54452Business Phone:Home Phone:715-536-6633Cell Phone:715-573-7692Fax:Agency Manager:Bev SchmidtManager Date From:10/01/2016Manager Email:beverlyaschmidt54@gmail.comCo Manager:U/01/2016Manager Date From:Everett SchmidtTreasurer Date From:9/01/2017Treasurer Name:Everett SchmidtFundraiser Name:9/01/2017Treasurer Email:eschmidtyir@aol.comFundraiser Amme:David KrauseFundraiser Date From:03/15/19Fundraiser Email:Krsmiles@charter.comMedical Records Name:Carol KrauseMedical Records Date From:AdultAccepting New Athletes:YesAccounts In House:YesFundraising Another Org:NoFundraising Org Name:YesAlpine Skling:YesSnowshoe Racing:YesAquatics:YesAthletes:YesAquatics:YesAthletes:YesAquatics:YesSnowshoe Racing:YesSoccer:YesGolf:YesSottball:YesTee Ball:YesSottball:YesYesYesSottball:YesYesSottball:YesYesSottball:YesYesSottball:YesYesSottball:YesYesSottball:YesYesSottball:YesYesSottball: <td< th=""><td>Address1:</td><td>15524 N. 4th Ave</td><td>Address2:</td><td></td></td<>	Address1:	15524 N. 4th Ave	Address2:	
state:Zip:Business Phone:715-573-7692Fax:Cell Phone:715-573-7692Fax:Agency Manager:Bev SchmidtManager Date From:10/01/2016Manager Email:beverlyaschmidt54@gmail.comCo Manager:'	Address3:		City:	Merrill
Business Priorie: Priorie: Priorie: Cell Phone: 715-573-7692 Fax: Agency Manager: Bev Schmidt Manager Date From: 10/01/2016 Manager Email: beverlyaschmidt54@gmail.com Co Manager: : Co Manager Date From: Everett Schmidt Treasurer Date From: 9/01/2017 Treasurer Name: Everett Schmidt Treasurer Date From: 9/01/2017 Treasurer Email: eschmidtyjr@aol.com Fundraiser Pame: David Krause Fundraiser Date From: 03/15/19 Fundraiser Email: krsmiles@charter.com Medical Records Name: Carol Krause Medical Records Date From: 03/15/19 Medical Records Email: krsmiles@charter.com Athletes Served: Adult Accepting New Athletes: Yes Yes Yes Fundraising Another Org: No Fundraising Org Name: Yes Alpine Skiing: Yes Snowshoe Racing: Yes Artistic Gymnastics: Yes Resthall Skills: Yes Aquatics: Yes Powerlifting: Yes Soccer: Yes Golf: Yes Soccer: Yes Golf: Yes Sortall: Yes Tee Ball: Yes <td>State:</td> <td>WI</td> <td>Zip:</td> <td>54452</td>	State:	WI	Zip:	54452
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	Tennis:		Bowling:	Yes
	Volleyball:		Flag Football:	Yes
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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.	12
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)	
10.	Questions / Concerns	

Ideas, of where & how to get more volunteers within our agency & community

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.		

^{5.} Questions / Concerns

I would like more ideas and information on National games. I am interested in getting more athletes represented from the northern part of Wisconsin in them.

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	Yes
7.	Local Program raises funds in the name of another organization/entity (i.e. school, YMCA) to benefit Special Olympics Wisconsin	No

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:
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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

COMMUNICATION & PUBLIC RELATIONS

1. Yes 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.) 2. Yes Local Program regularly communicates information to athletes, families, volunteers and sponsors. (The use of written communication is encouraged for all Local programs.) Newsletters ESS E-Mail ESS Facebook Group ESS Website Mail ESS Other: Monthly 3. Yes Local Program has read and understands the SOWI Crisis Communication Plan. 4. Yes 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) 5. Yes Local Program flag or banner has the current Special Olympics logo. When ordering new materials, standards must be met. 6. Yes 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.

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
	\checkmark	

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

^{1.} 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: