AGENCY INFORMATION

| Agency Number: | 7-15 | Agency Name: | Racine Special Olympics |
|--------------------------|------------------------------------|----------------------------|-------------------------|
| Agency Type: | Parks and Recreation Department | Date From: | 9/01/1975 |
| Address1: | 800 Center Street Room 127 | Address2: | |
| Address3: | | City: | Racine |
| State: | WI | Zip: | 53403 |
| Business Phone: | 262 636-9415 | Home Phone: | 262 554-6504 |
| Cell Phone: | 262 939-2048 | Fax: | 262 636-9277 |
| Agency Manager: | Sue Henry | Manager Date From: | 9/28/1980 |
| Manager Email: | sue.henry@cityofracine.org | Co Manager: | Joan Rorek |
| Co Manager Date From: | 9/29/1980 | Co Manager Email: | |
| Treasurer Name: | Sue Henry | Treasurer Date From: | |
| Treasurer Email: | | Fundraiser Name: | Joan Rorek |
| Fundraiser Date From: | | Fundraiser Email: | |
| Medical Records Name: | Sue Henry | 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: | |
| Alpine Skiing: | | Cross Country Skiing: | |
| Snowboarding: | | Snowshoe Racing: | |
| Team Basketball: | Yes | Basketball Skills: | Yes |
| Artistic Gymnastics: | | Rhythmic Gymnastics: | |
| Aquatics: | | Athletics: | Yes |
| Soccer: | | Powerlifting: | |
| Bocce: | Yes | Golf: | |
| Softball: | Yes | Tee Ball: | Yes |
| Tennis: | | Bowling: | Yes |
| Volleyball: | | Flag Football: | |
| Agreement: | Yes | | |

ADMINISTRATION

| 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.) | |
| 3. | The agency understand that any contract greater than 1 year must be reviewed and approved by the Sr. Director of Field Services or a representative of SOWI senior staff. | Yes |
| 4. | Agency follows Special Olympics, Incorporated policies regarding athlete housing. | Yes |
| 5. | Agency understands purpose of SOWI Agency Management Committee and knows how to contact their Region's representatives. | Yes |
| 6. | 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 |
| 7 | | |

7. Questions / Concerns

I have no questions or concerns at this time.

TRAINING AND VOLUNTEERS

| 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. | Please report the total number of family members actively involved in a leadership role in your agency. | 6 |
| 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 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 |
| 7. | 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 |

8. Questions / Concerns

I have no questions or concerns at this time.

COMPETITION

| 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 | |

None.

FINANCE

| 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 | |

None.

FUNDRAISING

2.

The following 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.

| Facility Rental (i.e., bowling lane fees, gym rental, etc.) |
|---|
| |
| Equipment (i.e., basketballs, bats, etc.) |
| |
| Uniforms |
| |
| Transportation |
| \checkmark |
| State Games Fees |
| |
| Other: |
| Questions / Concerns |
| None. |
| |

COMMUNICATION & PUBLIC RELATIONS

| 1. | | rograms, newsletters, etc.) use the required graphic s, Incorporated. (Not selecting an answer indicates | Yes |
|----|--|--|-----|
| 2. | please indicate what ways of communication you | thletes, families, volunteers and sponsors. If yes, I use to inform athletes, families, volunteers, and Ise of written communication is encouraged for all | Yes |
| | Newsletters | Monthly | |
| | E-Mail | ESS | |
| | Facebook Group | | |
| | Website | | |
| | Mail | Monthly | |
| | Other: | | |
| 3. | Agency has read and understands the SOWI Cris | is Communication Plan. | Yes |
| 4. | Agency's only form of social media is through a l an answer means the Agency does not use socia | Facebook group (not Facebook page). (Not selecting I media) | |
| 5. | Agency flag or banner has the current Special Oly must be met. | ympics logo. When ordering new materials, standards | Yes |
| 6. | Agency uniforms have the current Special Olymp must be met. | ics logo. When ordering new materials, standards | Yes |

7. Questions / Concerns None.

OUTREACH

| 1. | Agency does not discriminate on the basis of race, gender, religion, nationality, origin or political philosophy. (Checking "No" indicates your Agency does discriminate.) | Yes |
|----|---|-----|
| 2. | 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.) | No |
| 3. | 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. | Yes |

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

4. Questions / Concerns

None.

^{1.} Agency is aware of ALPs, and, if appropriate, places athletes in a position of leadership at the Agency level.

Yes

2. Questions / Concerns None. If you have athletes in these roles in 2017-2018, please list name and check all roles that apply: