

County Accreditation

2019-20



Special Olympics Indiana - _____ County makes the following commitments and representations to Special Olympics Indiana in connection with the Program's request to operate as an accredited program in the 2019-20 program year.

Assurance:

Our County Program certifies that all the information contained in this accreditation is true and correct.

Rules and Regulations:

Our County Program will follow, to the best of its ability, the rules and regulations of Special Olympics, including:

- 1) Registration of all athletes (medical forms, applications, etc.)
- 2) Registration of all Class A Volunteers (volunteers, coaches, chaperones, Unified Sports® partners) in the Volunteer Management System.
- 3) Observance of the Special Olympics Code of Conduct by all participants.
- 4) Solicit and expend funds in accordance with State, Local, and Special Olympics Indiana regulations, and submit financial documentations to the State Office.
- 5) Authorized use of Special Olympics name and logo.
- 6) Refraining from entering into any written agreement (contract) without the agreement being reviewed and signed by Special Olympics Indiana State Office.

Our Program will notify Special Olympics Indiana immediately if there are any changes in compliance with the standards outlined above.

Territory:

Our County Program will operate within its boundaries in the solicitation of funds and recruitment of athletes and volunteers. We understand that any requests for exception to this rule must be submitted in writing to the State Office, and subject to their approval.

Accreditation Period:

The completed Accreditation must be submitted by the County Coordinator to the Special Olympics Indiana State Office **no later than September 13th.**

Failure to Comply:

The County Program understands that failure to follow these agreements or submit an accreditation may result in immediate suspension of rights to conduct the Special Olympics County Program and/or temporary restrictions to funds.

Request Signature:

Under these conditions, we request accreditation as a County Program in Special Olympics Indiana.

Signature of County Coordinator

Date

Approval:

Signature of Special Olympics Indiana State Office

Date

County Management Team

List Individuals who currently serve on the County Management Team. Any person who is responsible for more than one job, list that person more than once. All team members **MUST** be Class A volunteers registered in the Volunteer Management System.

<i>Position</i>	<i>Name</i>	<i>Mobile Phone</i>	<i>Email</i>
County Coordinator	_____	_____	_____
Assistant County Coordinator	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____
Sports Coordinator	_____	_____	_____
Volunteer Coordinator	_____	_____	_____
Technology Representative	_____	_____	_____
Outreach Coordinator	_____	_____	_____
Families Coordinator	_____	_____	_____
Fundraising Coordinator	_____	_____	_____
Public Relations Coordinator	_____	_____	_____
Athlete Leadership Council	_____	_____	_____
ALPs Coordinator	_____	_____	_____
Athlete Representative	_____	_____	_____
LETR Officer Representative	_____	_____	_____
Unified Fitness Club Coordinator	_____	_____	_____
Unified Fitness Club Coordinator	_____	_____	_____
Utility Player	_____	_____	_____
Utility Player	_____	_____	_____
Other:	_____	_____	_____
Other:	_____	_____	_____
Other:	_____	_____	_____

Budget - 2020

Budget for financial activities for January 1, 2020 through December 31, 2020.

REVENUES		
CATEGORY	REVENUE	COMMENT
40100	Special Events Revenue	Fundraising events
40125	Special Event Revenue Received from Chapter	Polar Plunge, Plane Pull share from State
40275	Fundraising Event Revenue	Program Hosted Fundraisers
40400	Contributions	Financial donations to program
40525	In-Kind Revenue	Goods or services provided to program
40800	Grant Revenue	Grant revenue achieved
41100	Games Entry fee	Games entry fees paid by non SO Agencies
43025	Concessions Revenue	Revenue from concession sales
48500	Games Revenue from Other Counties	Host Tournament or Invitational
TOTAL REVENUES		\$0.00

EXPENSES		
CATEGORY	EXPENSE	COMMENT
50275	Consulting & Professional Fees	Fees paid to someone for their services, ex: DJ Services.
50300	Office Supplies	Paper, printer ink, pens, computer renewal, etc.
50315	Supplies - Other	Water bottles, sports equipment, etc.
50350	Banners & Signage Expense	Signs, banners, etc.
50400	Telephone - General	Cell phone, conference calls, etc.
50500	Postage & Shipping - General	Mailings postage
50600	Printing - General	Commerical printing (FedEx Kinko) expenses
50700	Office & Storage Space Rental	Equipment Storage facility rental fees
50725	Equipment Rental	Rental of equipment
50775	Facility Rental Expense	Practice, competition, fundraising event rental fees
50800	Insurance - Other	Liability insurance coverage obtained for events
51100	Travel & Transportation	Gas, Bus, milege reimbursement, etc.
51125	Meals & Lodging	Overnight hotel stays, Meals
51150	Volunteer Recognition and Memorials	Funeral flowers, recognition gifts for volunteers
51200	Conference Registration Fees	ALPs University, State Conference fees
53050	Fundraising Expense (A & L's only)	Hosted fundraising expenses
54125	Incentives & Awards	Banquet gifts and awards
56000	Medals & Ribbons	Event medals and ribbons
56050	Staff and Volunteer Shirt Expense	Shirts purchased for volunteers, coaches, board
56055	Uniform Expense	T-shirts, uniforms, etc.
56060	Athlete Training Expense	Lessons, Golf greens fees, bowling fees, NOT facility rental
56075	Referee & Umpire Stipends	Officials for basketball, softball, lifeguards, etc.
56100	Games Expense Paid to State Office	State Entry fees
57000	In-Kind Expense	Item or service costs if they were not donated
58025	Concessions Expense	Items to sell at concession stand
58500	Games Expense to Other A & Cs	Area entry fees or entry fees to county events
59000	Dues & Subscriptions	Not computer related renewals
59100	Depreciation	Spreads the cost of a larger asset
59125	Miscellaneous Expense	Medical expenses and other expenses
TOTAL EXPENSES		\$0.00

NET PROFIT		
TOTAL REVENUES	TOTAL EXPENSES	NET PROFIT (total revenue minus total expenses)
\$0.00	\$0.00	\$ -

Equipment Storage Information

Please fill out the storage information below. Then proceed to the inventory list.

Storage Location: _____

Address: _____

City/State/Zip: _____

Phone: _____

Do you rent above storage space? Yes

No

If yes. . . Contract Dates: _____

Lease Name: _____

Is equipment insured? Yes

No

If yes. . . Insurance Company Name: _____

Agent Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Policy Contract Dates: _____

Technology Equipment Inventory

Computer Equipment and Supplies includes but is not limited to: computer, cameras, printers, radios, sound systems, cell phone, and any other electronics.

No.	Item	Kind (Brand)	Serial #	Paid for	Storage Location
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Equipment Inventory

Equipment includes but is not limited to: sport, fundraiser, and anything with the value of \$100 or more.

No.	Item	Quantity	Notes	Storage Location
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Note: Attach equipment list separately if accessible by electronic file (Excel, Word). No need to retype.

Equipment Inventory Pg. 2 If Needed

Equipment includes but is not limited to: sport, fundraiser, and anything with the value of \$100 or more.

No.	Item	Quantity	Notes	Storage Location
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
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59				
60				

Note: Attach equipment list separately if accessible by electronic file (Excel, Word). No need to retype.

Participation Report

Evaluate participation and activities from July 1, 2018 through June 30, 2019. Include athletes and partners who participated in the sport, but did not compete in a game/competition. Count the number of games played for team sports (basketball, flag football, soccer, softball, volleyball) and competitions for individual sports.

<i>Sport</i>	<i>Number of Athletes</i>	<i>Number of Unified Partners</i>	<i>Number of Games Played/Competitions</i>	<i>Number of Coaches</i>
SUMMER SPORTS:				
Basketball <i>(include 5-v-5; 3-v-3; Individual Skills)</i>				
Bocce				
Bowling <i>(includes Ramp, Singles, Doubles, Unified)</i>				
Corn Toss				
Cycling				
Distance Run & Walk				
Equestrian				
Flag Football <i>(include Traditional, Unified, Individual Skills)</i>				
Golf <i>(include Individual Play, Individual Skills, Unified Team)</i>				
Horseshoes				
Powerlifting				
Softball <i>(include Traditional, Unified, Individual Skills)</i>				
Swimming				
Track & Field <i>(include Spring and Summer Games)</i>				
Triathlon				
Volleyball <i>(include Traditional, Unified, Individual Skills)</i>				
WINTER SPORTS:				
Alpine Skiing				
Snowboarding				
Snowshoeing				
OTHER:				
Ballroom Dancing				
Figure Skating				
Floor Hockey				
Gymnastics				
MATP				
Soccer				
Speed Skating				
Tennis				
Unified Fitness Club				
<i>Other Sport List: _____</i>				
<i>Other Sport List: _____</i>				
TOTAL PARTICIPATION COUNT	0	0	0	0

Athlete Leadership	Number of Athletes
Athlete Leaders	
Coach or Assistant Coach	
Member of committee or management team	
Global Messenger / Public Speaker	
Assist with a fundraising event	
Volunteer at practice or special event	
Attended ALPs University	
Other _____	
Total Athlete Leadership Participation	0