



To: All Special Olympics Georgia agencies
Re: Umbrella Accreditation Policy
From: Special Olympics Georgia

Dear Agency:

It is required that all agencies that participate in any Special Olympics Georgia training and competition must be accredited every 2 years. Below are few items to take note of as you apply for accreditation:

1. Umbrella Accreditation Policy is valid for two (2) years. For example, if you send in an umbrella accreditation paperwork on October 1, 2026 you are accredited until October 1, 2028
2. Since accreditations lasts for two years, you no longer have to turn in Competition Sanctioning Forms or Fundraising Authorization Forms along with the accreditation paperwork, although you may continue to do so if you prefer. However, **Competition Sanctioning Forms and Fundraising Authorization**
3. The Local Coordinator must have a volunteer profile form on file as well as have taken and passed the protective behaviors online quiz and completed a background screen through Sterling Volunteers. If you choose to have a Finance Chairperson, must have a volunteer profile form on file as well as have taken and passed the protective behaviors online quiz and completed a background screen through Sterling Volunteers.
4. Umbrella Accreditations must be signed by a **fully** Accredited Program or Area Management team.
5. All articles of this accreditation must be complete and approved by SOGA before the accreditation is valid.
6. **Please note the deadline: October 1, 2026. Existing 2025-2026** accreditations expire on October 1, 2025. Existing agencies who do not turn in their accreditation paperwork by November 1st will not be allowed to participate in any Special Olympics Georgia related activities until new accreditation is accepted and approved. Accreditations not completed before December 31st will be penalized with a 3-month suspension period during which that agency will not be allowed to compete at any local, area, or State events (even if the accreditation is completed before the event). Complete details regarding suspension are included in the SOGA Suspension Policy.
7. New agencies cannot begin participation in any Special Olympics Georgia activities until their accreditation has been submitted and approved. **A signed Local Coordinator Agreement must also be submitted and on file. (Page 4)** The local coordinators **MUST** have a signed Profile Form, an updated Protective Behaviors Training and Background Screening.
8. Rolling an accreditation over year to year isn't allowed. Accreditations **MUST** be completed every 2 years by the October 1st deadline to participate in Special Olympics Georgia, without exception. (Example: 2025-2026 **Accreditation packet cannot be turned in again for the 2027-2028 Accreditation year, you must turn in a new completed packet**)

Thank you for your continued support of Special Olympics Georgia. Please take note of these items and keep them in mind for future accreditations.

Sincerely,
Special Olympics Georgia

Date: _____ Special Olympics Georgia Umbrella Agency Accreditation
 Agency Name: _____ Area/County: _____
 Local Coordinator Name: _____
 Local Coordinator Phone/E-Mail: _____
 Signature of Local Coordinator: _____
 Is This a NEW Agency: _____

UMBRELLA ACCREDITATION CHECKLIST

Required (EACH requirement below must be completed in order for your accreditation to be complete. Anything not completed will result in your accreditation to not be accepted):

- A signed Umbrella Agreement must be completed by both the umbrella agency and the agency who is currently accredited with Special Olympics Georgia over the umbrella agency.
- Local Coordinator and Treasurer (Treasurer can only be omitted if you do not have a SOGA bank account)
 - Signed Job Descriptions for each Management Team Members (Job descriptions for EACH management team member must be signed and dated for this accreditation).
 - Completed Volunteer Profile forms for EACH Management Team Member
 - Completed Protective Behaviors Training for EACH Management Team Member. Go to <https://learn.specialolympics.org> to complete the training.
 - Completed Background Screen through <https://app.verifiedvolunteers.com> (Good Deed Code: 7n9744i)
- If you have a SOGA Bank Account:
 - Submit a copy of the current Signature Card, which must include signatures of the CEO and Vice President of Programs, and necessary members of the management team. The name of the bank account must also be Special Olympics Georgia- Area # or Agency Name. **The CEO AND the Vice President of Programs of Special Olympics Georgia MUST be listed on all Signature Cards.**
 - Submit an annual budget including ALL projected revenues and expenditures
 - PLEASE NOTE: You are not allowed to fundraise using the name, logo or any items that are the property of Special Olympics Georgia unless you have a SOGA bank account.

Other:

- Please note the deadline: October 1, 2026. Existing 2025-2026 accreditations expire on October 1, 2026. Existing agencies who do not turn in their accreditation paperwork by October 1st will not be allowed to participate in any Special Olympics Georgia related activities until new accreditation is accepted and approved. Accreditations not completed before December 31st will be penalized with a 3-month suspension period during which that agency will not be allowed to compete at any local, area, or State events (even if the accreditation is completed before the event). Complete details regarding suspension are included in the SOGA Suspension Policy.**
- A Competition Sanctioning Form (page 9) or a Fundraising Authorization Form (page 11) must be submitted to SOGA at least ONE MONTH prior to each competition/fundraising event you are hosting.

Submit Completed Packets to: Special Olympics Georgia, 6046 Financial Drive, Norcross, GA 30071
 or via e-mail to your Program Manager



Umbrella Agency Agreement

****The Top part is to only be filled out by the Area/Agency you will Umbrella under****

By signing this Agreement, I, _____, serving as the
(PRINT YOUR NAME)

Local Coordinator / Chairperson for _____
(CIRCLE ONE) (AGENCY NAME)

in Area _____, approve that the Umbrella Agency below may be considered accredited under our existing accreditation. I will do my best to enforce the guidelines, procedures & policies set forth by Special Olympics Georgia through such accreditation. I will notify Special Olympics Georgia Staff of any future changes to this agreement.

Signature of Local Coordinator/Chairperson

Date

Umbrella Agency: _____

By signing this Agreement, I, _____, serving as the
(PRINT YOUR NAME)

Local Coordinator for _____ in Area _____,
(UMBRELLA AGENCY NAME)

understand that while acting as an Umbrella Agency we will be considered accredited under the above agency's accreditation. Therefore, I agree that _____ and all individuals involved/affiliated with
(UMBRELLA AGENCY NAME)

our agency, will follow all guidelines, procedures & policies set forth by Special Olympics Georgia through such accreditation. I will notify Special Olympics Georgia Staff of any future changes to this agreement.

Signature of Umbrella Agency Local Coordinator

Date



SPECIAL OLYMPICS GEORGIA, INC.
LOCAL COORDINATOR VOLUNTEER AGREEMENT

Local Coordinators are volunteer affiliates from schools, associations, institutions, and other registered agencies. Local Coordinators are responsible for the following:

- All games wish lists, Athlete Application for Participation Forms and games fees (for all eligible athletes in the area), and agency accreditation.
- Establishing and developing year-round training programs at the local level
- Securing game entry requirements (times, scores, distance, and team assessments) and submitting them to appropriate games personnel
- Submitting the Fundraising Project Authorization form for all local fundraising projects
- Publicize objectives and accomplishments of the local program to encourage public cooperation and assistance
- Attending all local and area organizational meetings
- Having Athlete Participation Forms at all local, area and state competitions and training sessions.
- Gathering and submitting Volunteer/Unified Partner profile forms, Coach Code of Conduct form, Protective Behaviors trainings, and Concussion trainings.
- Providing a year-round training program for Special Olympics athletes in the community
- Recruiting volunteers to help with training sessions and games
- Encouraging parents to work with their athletes
- Understanding and enforcing the housing policy set forth by Special Olympics Georgia at any Special Olympics Georgia sanctioned event – a copy of this policy can be found on the back of the athlete participation form

I am aware that the position of Local Coordinator is a volunteer position. However, in some circumstances if the Local Management Team agrees to pay a stipend for services rendered:

- Payment received for the performance of the above duties cannot exceed \$1,500.00 annually
- Payment from which no deductions will be withheld, including Federal and State tax, F.I.C.A. tax, retirement and employee insurance
- Accumulated amounts of \$600.00 or more for a year beginning January 1 through December 31 will be reported on a 1099 form (Miscellaneous Income) to be included on your income tax returns
- Special Olympics Georgia, Inc. will file the 1099 with both the Internal Revenue Service and State of Georgia Income Tax Division

I do hereby agree to run the Special Olympics Georgia program in my area or for my agency and to abide by the terms of agreement listed above. I will perform the duties listed above to the best of my ability:

Special Olympics Georgia, Incorporated employs the Affirmative Action plan which gives equal employment/volunteer opportunities to all applicants regardless of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, genetic information (including family medical history), political affiliation, military service, or other non-merit based factors.

Area/Agency _____ Date _____

Signature of Local Coordinator _____ Signature of SOGA Representative _____

Print your name _____

Social Security Number xxx-xx- E-Mail _____

Address _____ City _____ State _____ Zip _____

 - -
Phone (Business)

 - -
Phone (Home)

 - -
Fax



POLICY CONCERNING THE PROHIBITION OF CHARGING FEES

PROHIBITION ON CHARGING FEES

- Article 7, Section 7.02 of the Special Olympics, Inc. General Rules states the following concerning the charging of fees for athletes or their families:

- “No Accredited Program may require Special Olympics athletes or their families to pay or promise to pay any type of admission, registration, training, participation, or competition fee, or any other fee or charge of any type as a condition for admission to any Special Olympics event of activity, or as a fee for the athletes’ participation in any Special Olympics or competition (collectively, “Prohibited Fees”).

By signing below I acknowledge that I, the Management Team Chairperson, have read and understand this policy prohibiting the charging of fees to any Special Olympics Georgia athletes or their families as stated above and that I and anyone affiliated with my agency will abide by this policy as an accredited agency of Special Olympics Georgia:

Signature of Local Coordinator

Printed Name

Name of SOGA Agency



Policy Concerning Fundraising

No agency may fundraise using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia unless they are an accredited agency of Special Olympics Georgia.

No agency accredited by Special Olympics Georgia may fundraise using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia without a Special Olympics Georgia bank account.

A Special Olympics Georgia bank account must be named in the following manner: Special Olympics Georgia – (Area # or Agency Name)

A Special Olympics Georgia bank account must list as authorized signers for the account: CEO of Special Olympics Georgia; COO or Director of Program Services of Special Olympics Georgia; Financial Chairperson of the local management team; any other necessary members of the local management team.

A Special Olympics Georgia bank account must be reported on monthly to the state office of Special Olympics Georgia using the appropriate financial reporting paperwork, which will be provided to you from the state office. Special Olympics Georgia reserves the right to close any Special Olympics Georgia bank account which falls 3 months behind in reporting.

No agency accredited by Special Olympics Georgia may hold any fundraiser using the name, logo, or any property belonging to Special Olympics, Inc. or Special Olympics Georgia without the approval of Special Olympics Georgia. A Fundraising Authorization Form must be submitted to Special Olympics Georgia at least ONE MONTH prior to each fundraising event.

By signing below, I acknowledge that I, the Management Team Chairperson, have read and understand this policy concerning fundraising as stated above and that I and anyone affiliated with my agency will abide by this policy as an accredited agency of Special Olympics Georgia:

Signature of Local Coordinator

Printed Name

Name of SOGA Agency

**SPECIAL OLYMPICS GEORGIA
MANAGEMENT TEAM FINANCE CHAIRPERSON
JOB DESCRIPTION**

JOB TITLE: Finance Chairperson (NOT REQUIRED IF YOU DO NOT HAVE A SOGA BANK ACCOUNT)

OBJECTIVE: The Finance Chairperson Identifies the Program's financial needs and manages funds raised by the local Special Olympics program throughout the year.

MANDATORY RESPONSIBILITIES:

- Adhere to SOGA specific and SOI policies regarding finance and fundraising. (See Financial Management Guide)
- Attend and fully participate in Management Team Meetings.
- Communicate regularly with other Management Team Members.
- Ensure that an annual budget is developed based upon the Program's needs.
- Forward the budget to the Management Team for approval and submit to SOGA as part of Accreditation.
- Send required financial reports & bank statements to the SOGA state office monthly.
- Keep accurate records of all income and expenditures.
- Analyze outcome of fundraising projects.
- Establish checking (and savings) account under direction of SOGA Office.
- Adhere to SOGA specific and SOI policies regarding protective behaviors.
- Coordinate with the Program Manager/Local Coordinator a planned budget of expenditures and revenue
- Present a financial statement at each called or regular meeting of the Management Team for approval.

TIME COMMITMENT AND TIME FRAME:

- This is a 2 year commitment.
- Management Team meetings are held at least once every quarter (at least four times per year). Meetings may be held more often if needed. Attendance is mandatory.
- Performance of the Finance Chairperson will be evaluated annually.

HELPFUL SKILLS:

- Experienced in finance and/or accounting.
- Well developed organizational and communication skills.

For additional support and resources or if you have questions, call your Program Manager at the State Office. 770-414-9390

Signature

Date

*REMINDER: No Accredited Program may require Special Olympics athletes or their families to pay or promise to pay any type of admission, registration, training, participation, or competition fee, or any other fee or charge of any type as a condition for admission to any Special Olympics event or activity, or as a fee for the athletes' participation in any Special Olympics training or competition.

**Special Olympics Georgia
Proposed Budget 2027-2028**

Revenues

Expenses

*A budget is no longer required if you do not have a Special Olympics Georgia bank account.

*Reminder: **No agency accredited by Special Olympics Georgia may fundraise using the name, logo, or any property belonging to Special Olympics Georgia without a Special Olympics Georgia bank account**



Dear Area Coordinators, Local Coordinators, and Fundraising Chairs:

Thank you so much for all of that you do for Special Olympics Georgia – we are very lucky to have such committed and dedicated volunteers!!

When submitting a Fundraising Authorization Form, please make sure that you are using the attached, most up-to-date form. Please discard any old copies and **only use this form.** I frequently am asked questions regarding the fundraising process, and I want to take this opportunity to address some of those questions, as well as highlight some of the important steps in the process.

The Fundraising Authorization Form **must be completed and submitted to the state office a minimum of 30 days prior to your event and before initiating any fundraising activities** (i.e., sale of merchandise/goods, donation/sponsor requests, events, etc.). The form can be mailed, faxed, or e-mailed to the state office.

Typically, within 2 business days after receipt of the form, you will receive an e-mail response with questions and/or approval. Your Program Manager will be copied on the e-mail.

It is **important for the fundraising authorization form to be completed for several reasons:**

- It prevents overlapping of events, opens communication channels, and builds historical records.
- It enables the state office to **provide assistance/advice on events.**
- It helps to **ensure that we do not make multiple donation requests to the same person or business**, which usually confuses potential donors and leads them to decide not to give on any level. It is important that we continue to build a strong donor base on all levels so that the athlete's fees for games remain as affordable as possible, and so that your local program can function well. **When we confuse donors by making multiple requests, it has a negative impact on the organization as a whole and ultimately impacts the athletes.**
- It helps to **prevent "fake" events.** Local officials or community members often call the state office to verify that a fundraiser is legitimate and that the funds raised are truly being directed to Special Olympics Georgia. The only way we can verify a fundraiser is if we have a completed fundraising authorization form. If there is not a completed form on file when a call is received, then steps will be taken to end the event. This is **necessary in preventing the fraudulent use of the Special Olympics Georgia name to raise monies.**

To help with our record keeping and reporting of all fundraising monies, please **provide complete answers to all questions on the fundraising authorization form.**

Due to changes that the **IRS** has made in how we must report fundraising revenue and expenses, it is **vital your treasurer write in the name of the fundraiser on the monthly financial report.** This allows us to correctly track and report fundraising revenues and expenses. If **monies are not correctly reported to the IRS, this significantly affects our fundraising ratios and ratings, which in turn can affect whether someone chooses to donate to Special Olympics Georgia on a local or state level** (if it looks like we don't put most of our money/donations towards athlete programs and services, people often will choose not to support us).

I hope this clarifies the fundraising process and its importance. If you have any questions, concerns, or fundraising ideas, please don't hesitate to contact me at 770-414-9390 ext. 1142 brendan.bibb@specialolympicsga.org I look forward to working with you to help you reach your fundraising goals!

Thank you!

Brendan Bibb

Special Olympics Georgia Fundraising Project Authorization Form

Permission to conduct any fundraiser project to benefit Special Olympics in the State of Georgia must be requested at least **30 days** prior to the project's start date. It is anticipated that any/all fundraising projects will be limited to special events (e.g. car washes, dinners, softball tournaments, road races, etc.) and occasional requests to locally owned businesses for in-kind gifts of products/services to support games and competitions. A comprehensive list of all prospects to be solicited must be submitted to the State Office for approval. In almost all cases, direct approaches to 1) large corporations, 2) businesses that are not specifically locally owned and operated, and/or 3) any company or business that sponsors SOGA or SOI events should not be planned. SOGA will not assume responsibility for any expenses incurred from your event.

Please note: before any solicitations in your community can start or any publicity announcing your event begins, approval must be granted by Special Olympics Georgia State Office, even if you have completed this form for the same event in past years, you must fill it out for the current year.

AREA: LOCAL PROGRAM/COUNTY:

PROJECT/EVENT NAME:

DESCRIPTION (including location, target population, cost per person, and event details):

HOW DO YOU INTEND TO RAISE MONEY WITH THIS FUNDRAISER (check all that apply to this fundraiser)?

Sale of Merchandise/Goods Sponsorship/Direct Donations Requests Event

PROJECTED INCOME: PROJECTED EXPENSES OF FUNDRAISER:

DATE OF EVENT/PROJECT: # OF PARTICIPANTS:

WILL YOU NEED LIABILITY INSURANCE COVERAGE FOR YOUR EVENT? YES NO
(fees for insurance coverage must be paid by your local/area program)

COORDINATOR'S NAME/TITLE:

EMAIL: PHONE #:

COORDINATOR'S ADDRESS:

ITEMS/ASSISTANCE NEEDED FROM STATE OFFICE (this could include listing on the SOGA website if desired):

LIST OF BUSINESSES TO BE CONTACTED (attach a separate sheet if necessary):

Please fill out this form completely and mail to Special Olympics Georgia, 6046 Financial Drive Norcross, GA 30071; or fax to 404-393-2929; or e-mail to brendan.bibb@specialolympicsga.org. If you have any questions, please don't hesitate to contact Santiago Arias, Director of Programs at 770-414-9390 ext. 1142 or brendan.bibb@specialolympicsga.org

FOR STATE OFFICE
USE APPROVED:

DATE:

ACTION:



Value-In-Kind Contribution Form

(Product/ Services Donation Form)

(Check one) State _____ Area _____ Local _____ Booked _____ Unbooked _____

Individual/ Company Name

RE Id # if applicable

Contact Name

email Address

Address

City

State

Zip

()

()

Telephone

Fax

Contribution Date of Product or Service

Dollar Value Stated by Donor*

Contribution Consisted of: (BE VERY SPECIFIC, i.e. quantities/values)

Contribution was used for (event, fundraiser, area, general, etc.):

Form completed by: _____

**Receipt needed if dollar value is \$5,000 or more*

Please return completed form to:

Liz Smith

By E-mail: Liz.Smith@specialolympicsga.org

By Mail: Special Olympics Georgia

6046 Financial Drive

Norcross, Georgia 30071

By Fax: (404) 393-2929

FOR SOGA STAFF USE ONLY:

Would you like to add a personal note to the acknowledgement (state office employees only)? No Yes

Entered into Notebook _____ Entered into Spreadsheets _____