



Umbrella Agency Agreement

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