

# 2012

special olympics | MINNESOTA

## Fundraising Guide



**Special Olympics**  
Minnesota

Be a fan..

100 Washington Avenue South  
Suite 550

Minneapolis, Minnesota 55401

Phone: 612-333-0999

Toll-free: 800-783-7732

Fax: 612-333-8782

[www.SpecialOlympicsMinnesota.org](http://www.SpecialOlympicsMinnesota.org)



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Forms are also available online at [www.specialolympicsminnesota.org](http://www.specialolympicsminnesota.org).



The Fundraising Guide was developed to provide basic assistance and direction for any volunteer wishing to undertake fundraising work on behalf of his or her Area or delegation (team).

Please take the time to acquaint yourself thoroughly with the information contained in this guide. Special Olympics Minnesota's Development Department is prepared to provide necessary support to ensure your success. In using this guide, we ask you to utilize the State Office staff resources.

Other Special Olympics Minnesota guides you may find helpful include: Program Administration Guide, Starting a New Team Guide and Communications Guide, which can be found online at [www.specialolympicsminnesota.org](http://www.specialolympicsminnesota.org).

## mission, vision & values of special olympics minnesota

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### **MISSION**

Special Olympics Minnesota offers children and adults with intellectual disabilities year-round sports training and competition. Through Special Olympics' athletic, health and leadership programs, people with intellectual disabilities transform themselves, their communities and the world.

### **VISION**

Special Olympics Minnesota will be recognized as the premier organization providing essential life skills opportunities for children and adults with intellectual disabilities. Our athletes will derive the full benefit of our mission through multi-level, year-round sports opportunities and related health and leadership programs.

### **VALUES**

**RESPECT:** Valuing and accepting human differences and the unique abilities of all people in our communities

**ACCOMPLISHMENT:** Celebrating the fulfillment of individual potential

**CHOICE:** Providing opportunities for self-determination

**QUALITY:** Striving for excellence in all we do

**PARTNERSHIP:** Achieving more than we can alone by collaborating with others

**INTEGRITY:** Fostering a culture based on the highest standards of personal and professional principles



## structure of special olympics minnesota

Special Olympics Minnesota is an accredited state program of Special Olympics, Inc., based in Washington, D.C. Special Olympics Minnesota is governed by a **Board of Directors** whose essential functions are policy making, assuring sound management of the organization, increasing public awareness and actively participating in fundraising. The **Special Olympics Minnesota staff** is responsible for carrying out the daily activities and operations of the organization on a statewide level and providing support and direction to volunteers. The following charts outline each Development Department staff position and their primary responsibilities along with each Sports Program Manager/Associate and the Areas they represent.

To provide assistance in facilitating local training and providing Area- and local-level competition, the state is divided into 12 Area Programs, which are further divided into local Programs. Each of these Area Programs is managed by volunteer **Area Coordinators** and their volunteer **Area Sports Management Team (ASMT)**, whose general direction and support is provided by the Special Olympics Minnesota Sports Program Managers/Associates. Each member of the ASMT, as well as their committee members, assists the Area Coordinators by providing specific functions necessary to the administration and growth of Special Olympics within their geographical area. Every local Program is managed by volunteer **Heads of Delegation** and their volunteer **Local Sports Management Team (LSMT)**. One such role is a volunteer Fundraising Chair (see page 11).

*Your first point of contact prior to planning a fundraising event for your team or delegation is your Area's Sports Program Manager/Associate (see below). They will work directly with the Special Olympics Minnesota development staff to review, approve and administer all fundraising activities.*

## special olympics minnesota development staff

staff	contact info.	primary responsibilities
Executive Vice President of Development & Partnerships	Bill Fish bill.fish@somn.org 800-783-7732, ext. 263	Direction and development of all state-level and local-level fundraising
Development Director	Kathy Karkula kathy.karkula@somn.org 800-783-7732, ext. 272	Northland 300, Matt Blair Classic and special events
Individual Giving Director	Pam Byrd pam.byrd@somn.org 800-783-7732, ext. 250	Olympus Society, donor relations, direct mail and telemarketing
Corporate Relations Director	Chris Nelson chris.nelson@somn.org 800-783-7732, ext. 250	Corporate partnerships and volunteer recruitment

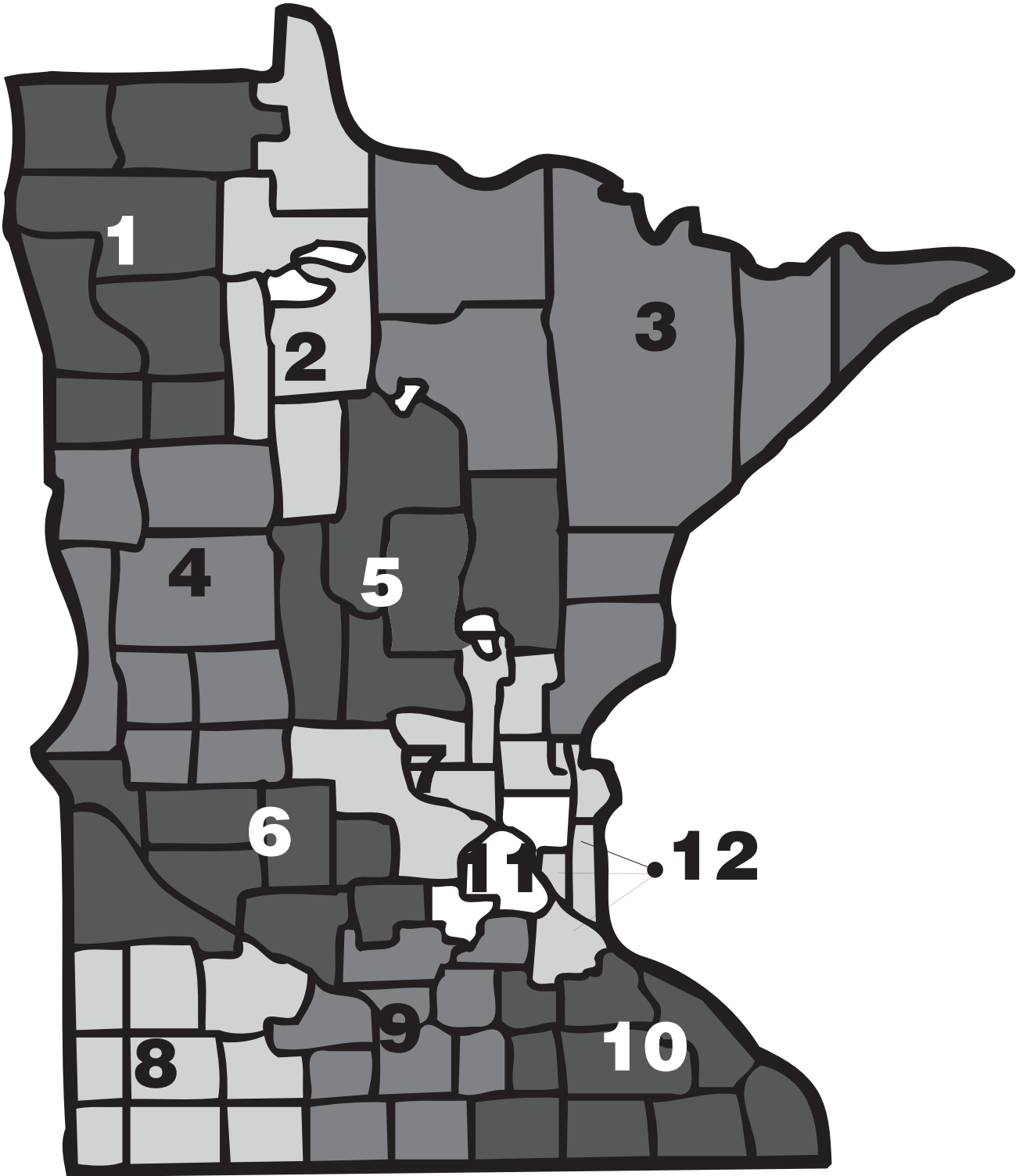
## special olympics minnesota development staff (continued)

staff	contact info.	primary responsibilities
Law Enforcement Torch Run Manager	Chad Trench chad.trench@somn.org 800-783-7732, ext. 256	Law enforcement relations, Polar Bear Plunges, and Law Enforcement Torch Run events
Law Enforcement Torch Run Manager	Megan Powell megan.powell@somn.org 800-783-7732, ext. 285	Law enforcement relations, Polar Bear Plunges, and Law Enforcement Torch Run events
Development Associate	Alyssa Siech alyssa.siech@somn.org 800-783-7732, ext. 255	Administrative and event support for development and fundraising
Development Associate	Casey Meyer casey.meyer@somn.org 800-783-7732, ext. 258	Administrative and event support for development and fundraising

## special olympics minnesota sports program managers/associates

staff	contact info.	primary responsibilities
Sports Program Manager - Northeast Minnesota	TBD	Areas 1, 2, 3
Sports Program Associate - Central Minnesota	Leah Wolkow leah.wolkow@somn.org 320-760-7053	Areas 4, 5
Sports Program Manager - Southern Minnesota	AJ Menden aj.menden@somn.org 877-310-2437	Areas 6, 8, 9
Sports Program Manager - Central/West Metro Minnesota	Kelly Monicatti kelly.monicatti@somn.org 800-783-7732, ext. 264	Areas 7, 11
Sports Program Associate - Southeast Minnesota	Frank Spaeth frank.spaeth@somn.org 507-993-7466	Area 10
Sports Program Manager - East/South Metro	Betsy Anderson betsy.anderson@somn.org 800-783-7732, ext. 265	Area 12







**Position Title:**

Fundraising Chair\*

**Responsible To:**

Area Sports Management Team Coordinator or local Head of Delegation

**Term:**

Three years with an annual review with Sports Program Manager/Associate

**Purpose:**

Plan, coordinate and conduct fundraising efforts for a designated Special Olympics Minnesota Area/delegation

**Mandatory Responsibilities:**

- Coordinate fundraising efforts through the State Office
- Develop network of individuals, organizations and corporations for financial support of local Special Olympics Minnesota programs
- Identify, coordinate and conduct fundraising projects
- Submit fundraising Application Forms and Fundraising Report Forms to Special Olympics Minnesota by appropriate deadlines (Fundraising Application and Report Forms can be found in the Appendix of this guide and online at [www.SpecialOlympicsMinnesota.org](http://www.SpecialOlympicsMinnesota.org).)
- Complete Level I Special Olympics Minnesota training (General Session and Protective Behaviors)
- Work with Finance Chair on annual budget and submit to Special Olympics Minnesota Sports Program Manager for approval

**Key Working Relationships:**

- Development Staff (State Office)
- Sports Program Manager/Associate (State Office)
- Local Sports Management Team Finance Chair
- Local Sports Management Team Coordinator
- Local Sports Management Team members

*\*With the permission of the State Office, this volunteer position can be customized to fit your area.*



**All events/activities to raise funds in the name of Special Olympics Minnesota must have written approval from Special Olympics Minnesota staff prior to the fundraising event. The fundraising event requires approval each time it is conducted.**

### **Procedure:**

Anyone wishing to raise funds in the name of Special Olympics Minnesota must submit a Fundraising Project Application form to your Sports Program Manager at Special Olympics Minnesota for approval a minimum of 45 days prior to the start of the event. The specific timelines are:

1. Thirty days before the event: Applicant submits request to your Sports Program Manager at Special Olympics Minnesota for approval.
2. Special Olympics Minnesota will approve or disapprove the Fundraising Project application within five business days. Special Olympics Minnesota will send out a copy of the signed and approved Fundraising Project Application to the applicant.
3. Within 45 days after the event: Individual submits Fundraising Project Report to your Sports Program Manager at Special Olympics Minnesota.

### **Criteria:**

Special Olympics Minnesota shall review each project application using the following criteria:

1. Is the project in the best interests of Special Olympics Minnesota?
2. Is the project basically sound?
3. Does the sponsoring or co-sponsoring organization have a reputation for reliability and honesty?
4. Are the methods to be used generally acceptable to the public?
5. If products are involved, are they of good quality and an acceptable nature?
6. Are the expenses reasonable and within the range accepted by appropriate state or national authorities? (Overall fundraising expenses for the year should not exceed 30 percent of annual gross revenues. Please keep this in mind when completing your yearly fundraising plan.)
7. Does the project conform to the appropriate local, county and state laws/ordinances?
8. Is there past experience that indicates the project is likely to be acceptable?
9. Are there proper fiscal controls in the way the funds are accounted for and handled?
10. Is the degree of effort required by the people in the field consistent with the anticipated return and their essential responsibilities?
11. Does the activity include tobacco or alcohol or the maker or distributor of these products ("Special Olympics," the SO Logo or any other SO Mark may not be publicly or visibly connected or associated with the name or trademark of any tobacco product, or the manufacturer or distributor of a tobacco product; or any alcoholic beverage, or the manufacturer or distributor of an alcoholic beverage.)

## policies and procedures (continued)

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### **Reasons for Disapproval:**

Disapproval might be based on the following:

1. Team has not registered with Special Olympics Minnesota.
2. Legal and ethical consideration.
3. Impact on other fundraising efforts, sponsors, donors and volunteers.
4. Inconsistency with the mission, values and goals of Special Olympics Minnesota.
5. Expenses are unreasonable. (Overall fundraising expenses for the year should not exceed 30 percent of annual gross revenues.)
6. Request not submitted in a timely manner.

In some cases, Special Olympics Minnesota may make amendments to the Fundraising Project Application. The applicant must agree to implement the recommended adjustments before the Fundraising Project Application will be officially approved. If agreement cannot be reached, the application will be disapproved, and the applicant will be notified. Special Olympics Minnesota holds the right to disapprove and/or modify any Fundraising Project Application.

Finances are needed to effectively run a sports training program for Special Olympics athletes, and these dollars can come from a variety of sources. When considering a fundraiser, teams are encouraged to work by a 70 percent revenue to 30 percent expense ratio as a baseline, as suggested by the Minnesota Council of Nonprofits.

*Please note that local and Area programs are **not allowed to fundraise via direct mail.** Special Olympics Minnesota and Special Olympics, Inc. are contractually obligated to enforce this policy throughout Minnesota. In addition, before contacting any businesses or organizations, please contact your Sports Program Manager/Associate for approval through a Fundraising Project Application (see Appendix) to avoid potential donor duplication.*

**1. Employer:** One source of funding may be the company for which you work. Dollars and/or in-kind support may be built into the budget by the company to cover the expenses of your Special Olympics Minnesota program. *Before soliciting businesses, you must submit a Fundraising Project Application to Special Olympics Minnesota for approval.*

**2. Donations:** Civic or service groups such as the local Rotary, Jaycees and Kiwanis will often lend support to a team. (The Knights of Columbus and Lions Clubs currently support Areas and the State Office. You can solicit their support from your local chapter as well.) Do not contact the state office headquarters of civic service groups because they work directly with the Special Olympics Minnesota state office. The most effective way to approach these groups is to indicate an exact dollar amount and explain in writing how it will be used. For example: \$250 to provide transportation to Spring Games or \$500 to purchase team uniforms. *Before soliciting businesses, you must submit a Fundraising Project Application to Special Olympics Minnesota for approval.*

**3. Fundraising Events:** Fundraising events that have worked for many Areas/delegations include car washes, sale of products and dances—anything you can think of that is well organized and well publicized. *However, if you want to hold a fundraising event, you must submit a Fundraising Project Application to Special Olympics Minnesota for approval prior to your event. Events cannot include alcohol or tobacco products, or the makers or distributors of these products.*

**4. Families/Athletes:** Families and athletes can help raise funds. Ask them to get involved with fundraising projects and to serve on fundraising committees.

**5. Sponsorships:** Local businesses may be willing to sponsor an event or your team. *Before soliciting businesses, you must submit a Fundraising Project Application to Special Olympics Minnesota for approval.* Special Olympics Minnesota staff can help you set up a sponsorship program and alert you to businesses that might have the most potential. *Local and Area programs should not contact corporations, Special Olympics Minnesota corporate partners or sponsors, or the state headquarters for any business or organization without approval from the Special Olympics Minnesota state office.*

**6. Foundations:** Grant writing can be a successful means of raising money, nonetheless, the grant writing process can be long and complicated. Some foundations do give money to athletic organizations or to organizations that work with a specific population. Grant writing is an intricate process and Special Olympics Minnesota applies to many sources throughout the state. *Before submitting a grant application, you must submit a Fundraising Project Application to Special Olympics Minnesota for approval.* A Special Olympics Minnesota staff member will assist you in the grant writing process.

## team fundraising overview (continued)

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**7. Raffles:** Due to state regulations, all raffles must be coordinated and applied through the Special Olympics Minnesota State Office. As an organization, we are limited to five raffles per calendar year, and total prize payout cannot exceed \$50,000. The application process takes at least 60 days. *Contact your Sports Program Manager/Associate for approval.*

Areas and delegations are encouraged to participate in Special Olympics Minnesota revenue sharing raffles such as the Northland 300 raffle. For each ticket sold, Areas and delegations receive 50 percent of the proceeds. Areas and delegations are also encouraged to participate in the Special Olympics Minnesota Lions Raffle. For each ticket sold, areas and delegations receive 100 percent of the proceeds.

Below is a step-by-step process to raise money for your local Special Olympics program.

### Where To Begin:

**Step 1:** Determine how much money you need by developing a budget. Some of your needs will require cash, while other needs can be covered by in-kind donations.

**Step 2:** Find a volunteer experienced in fundraising to head up the project. If possible, have a community service organization and/or a private corporation or small business assume responsibility for the fundraising activities you select.

**Step 3:** Form a functioning committee that can invest the time to ensure a successful fundraising campaign.

### Select the Event:

There are many ways to meet your delegation's financial needs. **Special Events:** Dinners, auctions, dances, Bowl-a-Thons, Sponsor an Athlete, etc. **Sales:** Candy/cookies, car washes, holiday greeting cards, hot dogs, etc. **In-Kind Contributions:** Sports equipment, facility time from schools and community recreation departments. **Statewide Fundraisers:** Polar Bear Plunge Revenue Sharing, Northland 300 Raffle. *Events cannot include alcohol or tobacco products, or the makers or distributors of these products.*

### Involve Local Organizations:

The following groups can be invaluable in providing volunteers, administrative and event management help, facilities and, especially, in-kind contributions: **Service Organizations:** Kiwanis, Rotary, Civitan, Optimist, Jaycees, etc. (The Knights of Columbus and Lions Clubs currently support Areas and the State Office. You can solicit your local chapter for support as well.) **Local Businesses:** Sporting goods stores, grocery stores, general businesses, etc. **Other Groups:** Community, church, social, school, etc.

### Get the Event Approved:

Once you have determined the type of fundraising event you want to conduct, a Fundraising Project Application must be submitted to your Sports Program Manager at Special Olympics Minnesota for approval. It is important you conduct your event according to the guidelines set forth in our policies and procedures.

### Complete the Fundraising Report:

All Fundraising Project Coordinators must submit a Fundraising Report to Special Olympics Minnesota within 45 days following the event. The information given in this report will assist you in determining the profitability of the fundraiser and document costs, revenue and key individuals and groups who were part of the project. The information also helps Special Olympics Minnesota assist other Areas and delegations if they choose to conduct a similar fundraising project.



### Lions Club Raffle

*Contact:* Alyssa Siech at 800-783-7732, ext. 255 or alyssa.siech@somn.org  
*General Information:* Raise money for your team through the Special Olympics Minnesota Lions Club raffle. Sell tickets at \$5 each to win high-level prizes in a drawing centered around the 2012 Minnesota Twins season. One-hundred percent of the money your team raises goes to your team. The raffle drawing will take place at the Minneapolis Polar Bear Plunge on Saturday, March 3, 2012.



### Melaleuca's Charitable Organization Program

*Contact:* Nancy Paradeise at 800-783-7732, ext. 254 or nancy.paradeise@somn.org  
*General Information:* Melaleuca's Charitable Organization program offers an enormous opportunity for anyone to support their favorite cause without the usual fundraising headaches or out-of-pocket donations. All you have to do is show families how to use better, safer and more-cost effective products in their homes, and support their organization at the same time. Their family will benefit from our exceptional products, the organization profits; plus they can build their own Melaleuca business if they desire and increase their family income while benefiting the charity even more.



### Kwik Trip Kwik Rewards Program

*Contact:* Jenny Frandsen at 888-736-KWIK [5945]  
*General Information:* You have the option to support your favorite charity, group or organization by designating them to receive a donation check from Kwik Trip, Inc. in lieu of Kwik Rewards certificate(s) available at your local Kwik Trip. Once Kwik Trip receives a minimum of five (5) Kwik Reward designations naming your charity, the charity will be eligible for donation checks. In the event that the minimum of five designations is not received, the account holder will receive the Kwik Rewards until five designations are received. Your designated charity will receive an amount equal to your account's quarterly earned Kwik Rewards. In addition, Kwik Trip, Inc. will donate an additional 5 percent of the amount equal to your eligible in-store purchases made with your Kwik Card Plus. That's 15 percent on eligible in-store purchases plus 3 cents per gallon to help your cause! Kwik Trip, Inc. will distribute the accumulated donations to the designated charities quarterly. Only one charity may be designated for each Kwik Card Plus account.



### Northland 300 Raffle Tickets

*Contact:* Kathy Karkula at 800-783-7732, ext. 272 or kathy.karkula@somn.org  
*General Information:* Starting July 1, delegations can sell Northland 300 raffle tickets. Each book has 20 tickets that sell for \$5 each (total \$100).  
*Reward:* Delegation makes 50 percent of what they sell (can have five books at a time).



## team fundraisers (continued)

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### **Polar Bear Plunge Revenue Sharing**

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*Contact:* Your Sports Program Manager/Associate.

*General Information:* Please see the Appendix of this guide for a flyer about our Polar Bear Plunge Revenue Sharing fundraiser for local Special Olympics programs.



### **In-Kind Donations**

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Areas and delegations often receive donations of items and materials from vendors, sponsors and other organizations. These donations should be noted on an In-Kind Donation Receipt (see Appendix p. 35) with the donor's signature. These are tax deductible for the donor and are noted on your Centralized Account. Send a copy of the In-Kind Donation Receipt to the State Office, which will record the donation on your records.



## law enforcement torch run scholarship overview

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The purpose of the Law Enforcement Torch Run Scholarship is to support delegations that would not otherwise be able to attend Area, regional or state competitions; purchase equipment; start new sports; start new delegations, etc. and to provide athletes with the opportunity to attend Athlete Leadership Programs (ALPs), Summer Sports Camp, Leadership Conference, etc. The Law Enforcement Torch Run program provides support for the scholarship fund, for Area competitions and for Regional Games.

The mission of the Law Enforcement Torch Run for Special Olympics is to raise funds for, and awareness of, the Special Olympics movement worldwide. In Minnesota, law enforcement volunteers are best known for the success of their Polar Bear Plunge events. Law enforcement officers and personnel from 50 United States, 10 provinces and territories in Canada, and more than 35 nations also carry the “Flame of Hope” in honor of Special Olympics athlete worldwide.

It is our belief that persons with intellectual disabilities, through their involvement in Special Olympics, show their communities that there are no limits to their potential. The Law Enforcement Torch Run for Special Olympics, through its fundraising efforts, helps to provide this opportunity, making the potential for every Special Olympics Minnesota athlete to come to life. Through their support of the scholarship, Area competitions and Regional Games, law enforcement officers are fulfilling the mission of Special Olympics by helping teams across the state offer amazing opportunities to Minnesota athletes.

If you have any questions regarding the Law Enforcement Torch Run Scholarship, please contact the state office at 800-783-7732 or 612-333-0999.



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Forms are also available online at [www.specialolympicsminnesota.org](http://www.specialolympicsminnesota.org).





# fundraising project application

**All fundraising projects must be submitted to your Sports Program Manager/Associate for review and adhere to the following timeline:**

- Up to 45 days before the project – Project coordinator (person conducting the fundraiser) submits application to his/her respective Special Olympics Minnesota Sports Program Manager/Associate for approval.
- Within five (5) working days – the Sports Program Manager/Associate will review the application for accuracy.\* If approved, the Sports Program Manager/Associate will submit signed application to the Vice President – Development for approval.
- Within five (5) working days – Exec. Vice President of Development & Partnerships approves/ disapproves\* request and remits copy of application to Sports Program Manager/Associate and project coordinator.
- Within 45 days after project – Project coordinator submits “Fundraising Report” to the Sports Program Manager/Associate.

**\*Note: It is recommended that only 30 percent or less of income generated annually should be spent for costs incurred to raise funds. All 501(c)(3) nonprofits must adhere to this revenue/expenditure ratio.**

Special Olympics Minnesota will review the application and work with the area and/or local program to ensure the development of an effective and profitable fundraising project. In compliance with state, federal and Special Olympics, Inc. rules and regulations, use of any Special Olympics names, logo and marks for the organization or its events must have prior approval from Special Olympics Minnesota (see page 19 of the Communications Guide for the Use of Logo Application). The intent of the application is to cultivate a coordinated fundraising effort between the local, area and state programs as well as to ensure the proposed project is productive, legal and safe.

Project Title: \_\_\_\_\_

Date(s) of Project: \_\_\_\_\_ Target Group: \_\_\_\_\_

Location and City: \_\_\_\_\_

Organizations and Individuals involved: \_\_\_\_\_

Describe fundraising project: \_\_\_\_\_

Please enclose a sample of all materials and items (e.g., budget, flyers, or promotional materials).

Estimated dollars to be raised: \_\_\_\_\_ Estimated cost of project (explain): \_\_\_\_\_

Centralized account where the funds are to be deposited: \_\_\_\_\_

How will the funds be used? \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please send completed form to:**

**Special Olympics Minnesota, 100 Washington Ave South, Suite 550, Minneapolis, MN 55401**

\_\_\_\_\_  
Approved by Sports Program Manager/Associate Date

\_\_\_\_\_  
Approved by Exec. Vice President of Development & Partnerships Date



Fundraising Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Fundraising Project Director: \_\_\_\_\_ Event Site: \_\_\_\_\_

## event contacts

Name	Role	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

## committee assignments

Committee	Chair	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## volunteer groups

Group	Contact	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## event summary

please include significant notes or comments regarding the event

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# fundraising report

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Fundraising Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Fundraising Project Director: \_\_\_\_\_ Event Site: \_\_\_\_\_

## revenue

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Businesses	_____	_____
Individual	_____	_____
Organization	_____	_____
Merchandise Sales	_____	_____
Product Sales	_____	_____
In-kind Donations	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>total revenue</b>	_____	_____

## expenses

### projected

### actual

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Awards	_____	_____
Equipment	_____	_____
Facility Rental	_____	_____
Lodging	_____	_____
Meals	_____	_____
Merchandise	_____	_____
Postage	_____	_____
Printing	_____	_____
Subsidies to Delegations	_____	_____
Travel	_____	_____
Volunteer Identification/Recognition	_____	_____
Other _____	_____	_____
<b>total expenses</b>	_____	_____

Total Revenue: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Total Expenditures: \_\_\_\_\_ Phone: \_\_\_\_\_  
Net Income: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

# law enforcement torch run scholarship application

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The purpose of the LETR Scholarship Fund is to support athletes or delegations who would otherwise not have the opportunity to attend a state/regional event, purchase necessary sports equipment, start a new delegation or participation in Athlete Leadership Programs, Summer Sports Camp, Leadership Conference, etc.

**The LSMT Coordinator or Head of Delegation applies for funds.** The application for the LETR Scholarship Fund can be found on page 69. All applications must be accompanied by an annual and sports-specific budget.

Individual athletes applying only need to complete the form for athletes found on page 71.

**Application and proposed request budget is mailed or faxed (612-333-8782) to Special Olympics Minnesota, Attn: LETR Scholarship Fund.** Deadlines for submission by each sport season are outlined on the Application Form.

**Program staff reviews and researches the application within three weeks of the sport deadlines,** unless otherwise specified. Other staff may be asked to provide additional information regarding the application. Applicant may be asked to provide more information as well.

**Program staff approves, denies or modifies the request and notifies applicant of decision within three weeks of deadline.**

## Approval

Call or email is made to applicant announcing approval. Congratulatory letter is sent to applicant and a transfer is made into the delegation's centralized account.

Scholarship fund report must be submitted within three weeks of competition or event.

## Denial

Letter is sent to the applicant explaining the justification for denying the request and, if applicable, recommendations on how request could be funded by the LETR Scholarship Fund are noted.

Denial of request may be due to, but is not limited to, the following:

- Request does not fall within priority funding areas.
- Applicant has not undertaken any fundraising activities or planned any activities within the past four months.
- Applicant has not fulfilled financial reporting duties.
- Application was not submitted by submission deadlines.
- Delegation the applicant is representing has sufficient funds in centralized account to cover request.
- Request is deemed an inappropriate use of funds.

## Modifications

Call or email is made to applicant announcing approval with adjustment(s). Congratulatory letter with reasoning for adjustment(s) is sent and a transfer is made into the delegation's centralized account.

# law enforcement torch run scholarship application

THIS FORM IS FOR **DELEGATIONS ONLY**. ATHLETES, PLEASE SKIP TO NEXT PAGE.

## SUBMISSION DEADLINES

<b>JAN. 1:</b> Sports, activities & events in Winter Games sports season	<b>MAY 15:</b> Sports, activities & events in Summer Games sports season
<b>FEB. 15:</b> Sports, activities & events in Spring Games sports season	<b>JULY 1:</b> Sports, activities & events in Fall Games sports season
<b>APRIL 1:</b> Summer Sports Camp	<b>OCT. 1:</b> Sports, activities & events in Bowling season
All other requests may be submitted on a rolling basis	

## SECTION 1: scholarship request information

**NOTE FOR DELEGATION REQUESTS:** *If you are not the Head of Delegation (HOD) or LSMT Coordinator, please let that individual know that you are submitting this scholarship request.*

Delegation name	
Name of person submitting request	
Preferred phone number/time at which to reach you	
Email address	
<b>Total amount requested</b>	

## DELEGATION EXPENSES REQUESTING FUNDING FOR

<b>Sport/Event:</b>			
	State	Regional	Area
Games fees	\$	\$	\$
Transportation/lodging	\$	\$	\$
Meals	\$	\$	\$
Facility/training costs	\$	\$	\$
Starting new sport	\$	\$	\$
Starting new team	\$	\$	\$
Uniforms	\$	\$	\$
Total*	\$	\$	\$

\* The total amount should equal the amount listed in "Total amount requested" above.

## SECTION 2: supporting information for delegations

How many athletes will benefit from this request?	\$	What is the current balance of your Centralized Account?	\$
What is the cost per athlete (amount requested /# of athletes)	\$	How much is your team contributing toward event expenses?	\$
If this scholarship is for an event, how far is it from your location to the event location?			\$
If you have a participation fee, how much is it, and for what is it used?			\$
Annually, how many sports or competitions does your team support?			\$
If you received scholarship money in the past, how much did you receive, and when did you receive it?			\$

Please attach a copy of your team's **Annual Budget** and an **Event/Sports Budget** OR complete part 2 of this application. Requests will not be considered without this information.

# law enforcement torch run scholarship application part two

THIS FORM IS FOR **ATHLETES ONLY**. DELEGATIONS, PLEASE COMPLETE PREVIOUS PAGE.

## SUBMISSION DEADLINES

<b>APRIL 1:</b> Summer Sports Camp	All other requests may be submitted on a rolling basis
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## SECTION 1: scholarship request information

Athlete name	
Name of person submitting request	
Preferred phone number/time at which to reach you	
Email address	
<b>Total amount requested</b>	

## ATHLETE EXPENSES

Summer Sports Camp	\$
ALPs course: _____	\$
Leadership Conference/DSA	\$
Other: _____	\$
Total*	\$

\* The total amount should equal the amount listed in "Total amount requested" above.

## SECTION 2: supporting information for athletes/individuals

If this scholarship is for an event, how far is it from your location to the event location?	\$
If you received scholarship money in the past, how much did you receive, and when did you receive it?	\$

# law enforcement torch run scholarship report

THIS FORM IS FOR **DELEGATIONS**.

Delegations can submit a separate annual budget **and** event/sports budget in lieu of completing this form.

Delegation, Athlete name

Total amount requested


## ANNUAL BUDGET DETAIL *Please attach additional sheets if necessary.*

Total revenue raised to date	\$	Total expenses to date	\$
Anticipated revenue through year end	\$	Anticipated expenses through year end	\$
<b>Total revenue</b>	<b>\$</b>	<b>Total expenses</b>	<b>\$</b>

MAJOR REVENUE CATEGORIES THIS YEAR <i>Please identify type of event &amp; how much was/is anticipated to be raised.</i>	MAJOR EXPENSE CATEGORIES THIS YEAR. <i>Please identify sport and amount spend during season.</i>
1	1
2	2
3	3
4	4

## EVENT/SPORTS BUDGET DETAIL

*Please complete for the event/sport season for which you are requesting scholarship money. Attach additional sheets if necessary.*

### EQUIPMENT

Item(s) purchased	Quantity purchased	Cost per item	Total equipment cost
		\$	\$
		\$	\$

### FACILITY RENTAL

Facility name	Number of rentals	Cost per week/session	Total facility rental cost
		\$	\$

### GAMES FEES

Event	Number of athletes	Number of coaches	Total games fee cost
State	x \$20 = \$	x \$15 = \$	\$
	x \$ = \$	x \$ = \$	\$

### LODGING

Dorm/hotel	Number of rooms	Cost per room	Total lodging cost
		\$	\$

### MEALS

Meal (Breakfast/lunch/dinner)	Number of coaches/athletes	Cost per meal	Total meal cost
		\$	\$
		\$	\$

### TRANSPORTATION

To what event?	Number & type of vehicles	Cost per vehicle	Total transportation cost
		\$	\$
		\$	\$

### UNIFORMS

Items (shirts/shorts/jacket, etc.)	Number purchased	Cost per item	Total uniform cost
		\$	\$
		\$	\$
		\$	\$

### OTHER

List expense:	\$
<b>Total Event/Sports Budget</b>	\$



# law enforcement torch run scholarship report

THIS FORM IS FOR **DELEGATIONS** OR **ATHLETES** WHOSE APPLICATION HAS BEEN APPROVED. FORM SHOULD BE COMPLETED AND SUBMITTED FOLLOWING THE FUNDED EVENT.

**DEADLINE:** This report must be received by Special Olympics Minnesota **within three weeks** of scheduled event/use.  
**Mail to:** Special Olympics Minnesota, 100 Washington Avenue S., Suite 550, Minneapolis, MN 55401

## SECTION 1: scholarship information

Delegation or athlete name: \_\_\_\_\_ Area: \_\_\_\_\_

Event or purpose for which application was made: \_\_\_\_\_

Athletes served: \_\_\_\_\_

HODs/coaches served: \_\_\_\_\_

TOTAL exp/project budget: \$ \_\_\_\_\_

## SECTION 2: scholarship itemization

*Receipts must be attached to report.*

### EXPENSES

Equipment	\$
Uniforms	\$
Games fees (athletes)	\$
Games fees (coaches)	\$
Lodging	\$
Transportation	\$
Other	\$
Total spent	\$

### REVENUE

Delegation/athlete	\$
Scholarship award	\$
Other:	\$
	\$
	\$
	\$
	\$
Total revenue	\$
<b>Balance</b>	<b>\$</b>

\* Any remaining balance must be returned to the LETR scholarship fund



Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: **MAY 15 2009**

SPECIAL OLYMPICS MINNESOTA INC  
100 WASHINGTON AVE S STE 550  
MINNEAPOLIS MN 55401

Person to Contact:  
David Slaughter#02-03346  
Toll Free Telephone Number:  
877-829-5500  
Employer Identification Number:  
41-1228157

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on June 16, 1999. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter was issued in June 1974 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott  
Manager, Exempt Organizations  
Determinations



## **Certificate of Exemption**

Special Olympics Minnesota's Certificate of Exemption from certain forms of sales tax within the State of Minnesota can be found on page 35.

When making purchases on behalf of the organization, this form should be provided to the seller with the seller's name and address entered in the fields on the top third of the form.

Special Olympics Minnesota's exemption from sales tax *does not include*:

- prepared food,
- soft drinks,
- candy,
- lodging,
- waste collection and disposal services, and purchases or leases of motor vehicles (except for motor vehicles that are used primarily to transport goods or people, other than employees, as part of the organization's charitable functions).

Questions regarding the use of this form should be directed to Director of Finance, Larry Kane, at 612-604-1268 or [larry.kane@somn.org](mailto:larry.kane@somn.org).

MINNESOTA • REVENUE

ST3

**Certificate of Exemption**

**Purchaser:** Complete this certificate and **give it to the seller.**

**Seller:** If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name \_\_\_\_\_ Project description \_\_\_\_\_

Please print	Name of purchaser <b>SPECIAL OLYMPICS MINNESOTA, INC.</b>			
	Business address <b>100 WASHINGTON AVE S, STE 550</b>		City <b>MINNEAPOLIS</b>	State <b>MN</b>
			Zip code <b>55401</b>	
	Purchaser's tax ID number <b>41-1228157</b>		State of issue <b>MINNESOTA</b>	Country of issue <b>U.S.A.</b>
	If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number	
			state of issue	number
Name of seller from whom you are purchasing, leasing or renting				
Seller's address		City	State	Zip code

**Type of business.** Circle the number that describes your business.

01 Accommodation and food services	11 Transportation and warehousing
02 Agricultural, forestry, fishing, hunting	12 Utilities
03 Construction	13 Wholesale trade
04 Finance and insurance	14 Business services
05 Information, publishing and communications	15 Professional services
06 Manufacturing	16 Education and health-care services
07 Mining	<b>17 Nonprofit organization</b>
08 Real estate	18 Government
09 Rental and leasing	19 Not a business (explain) _____
10 Retail trade	20 Other (explain) _____

**Reason for exemption.** Circle the letter that identifies the reason for the exemption.

A Federal government (department) _____	I Industrial production/manufacturing
B Specific government exemption (from list on back) _____	J Direct pay permit # _____
C Tribal government (name) _____	K Multiple points of use (services, digital goods, or computer software delivered electronically)
D Foreign diplomat # _____	L Direct mail
E Charitable organization # 25735	M Other (enter number from back page) _____
F Religious or educational organization # _____	N Percentage exemption
G Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
H Agricultural production	<input type="checkbox"/> Utilities (enter percentage) _____ %

*I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - if you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)*

Signature of authorized purchaser 	Print name here <b>David E. Dorn, President</b>	Title	Date <b>8/27/2007</b>
---------------------------------------	--	-------	--------------------------

# revenue report

\*Delegation Code  Submission Date: \_\_\_/\_\_\_/\_\_\_ \*Submitted By:   
 (please print)

*Check Date	*Check #	*Revenue Source	*Event	*Amount	Office Use
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			
___/___/___		<input type="checkbox"/> Individual <input type="checkbox"/> Program Fees <input type="checkbox"/> Corporate <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Foundations <input type="checkbox"/> Merchandise Sales			

\*Total Deposit Amount:

\*Spaces marked with an asterisk must be completed before the check can be cut.

NOTE: Deposit all cash received into your petty cash account and transfer the funds in excess of your petty cash ceiling to the State Office by writing a check.





# in-kind donation receipts

Date:

Contributor:	
Event:	
Street Address:	
City/State/Zip Code:	

Quantity	Description	Unit Price	Total

\*Contributor Signature (must be signed): \_\_\_\_\_

\*Special Olympics Minnesota Representative Signature (must be signed): \_\_\_\_\_

\*Our auditors require that all in-kind receipts be signed by the contributor. Please complete the above with a description of the in-kind donation, sign and date, and give one copy to the contributor and one copy to the Special Olympics Minnesota State Office.



**Special Olympics**

**Minnesota**

Be a fan™



# fundraiser income and expense budget

Fundraising Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Fundraising Project Director: \_\_\_\_\_ Event Site: \_\_\_\_\_

## projected expenses

Type	Description	Amount
Food/beverage	_____	\$ _____
Postage	_____	\$ _____
Awards	_____	\$ _____
Printing	_____	\$ _____
Supplies	_____	\$ _____
Equipment rental	_____	\$ _____
Signage	_____	\$ _____
Telephone	_____	\$ _____
Transportation	_____	\$ _____
Additional insurance (if needed)	_____	\$ _____
Other	_____	\$ _____
	Total Expense	\$ _____

## projected revenue

Type	Description	Amount
Sponsorship	_____	\$ _____
Individual sales/gifts	_____	\$ _____
Group sales/gifts	_____	\$ _____
In-kind	_____	\$ _____
Merchandise	_____	\$ _____
	Total Revenue	\$ _____

## total net revenue

(Revenue minus Expenses) \$ \_\_\_\_\_

As a guideline, Special Olympics Minnesota must maintain at least a 30/70 expense/revenue ratio as outlined by the Minnesota Council of Nonprofits. This ratio will be considered during the fundraising application process.

## additional considerations

Estimated number of athletes and volunteers \_\_\_\_\_

Time commitment in months \_\_\_\_\_

Any effort to raise money for Special Olympics Minnesota must be approved by the Special Olympics Minnesota State Office. Please complete a fundraising application and submit a minimum of 30 days in advance of your fundraiser.





# 2012 POLAR BEAR PLUNGE REVENUE SHARING

## **2012 Polar Bear Plunges:**

White Bear Lake Plunge **Jan. 28**

Willmar/Spicer Plunge **Jan. 28**

Maple Grove Plunge **Feb. 4**

Anoka County **Feb. 11**

Rochester Plunge **Feb. 11**

St. Peter Plunge **Feb. 11**

Duluth Plunge **Feb. 18**

Prior Lake Plunge **Feb. 18**

St. Cloud Plunge **Feb. 18**

South Metro **Feb. 25**

Alexandria Plunge **Feb. 26**

Brainerd **March 3**

Minneapolis Plunge **March 3**

Eden Prairie Plunge **March 10**

Mille Lacs Plunge **March 10**

Grand Rapids Plunge **March 17**

The Polar Bear Plunge, organized by Minnesota law enforcement, is a unique opportunity for individuals, organizations and businesses to support Special Olympics athletes by jumping into frigid Minnesota waters. Beginning in January 2012, there will be 16 opportunities to take the Plunge across the state!

Special Olympics Minnesota is pleased to again offer the Polar Bear Plunge Shared Revenue Fundraiser for Special Olympics teams! Raise dollars for your delegation while increasing Plunge participation and awareness in your community.

## **Delegations interested in participating in the Polar Bear Plunge Shared Revenue Fundraiser MUST:**

- Notify your Special Olympics Minnesota Sports Program Manager that you will be participating in the Polar Bear Plunge Shared Revenue Fundraiser.
- Utilize the Polar Bear Plunge Web site to register your Plunge team. Sign up as a team online at [www.plungemn.org](http://www.plungemn.org)
- Use your delegation code and name to register (i.e., 12.WDF, Woodbury Blazing Stars). If you do not know your five-digit code or delegation name, please contact your Sports Program Manager. Plungers must be registered with a team online before the event takes place!
- Each individual Plunger must raise the Plunge minimum of \$75. These funds must be raised online before the event occurs. Day-of funds will not be eligible.
- Each delegation is eligible for one shared revenue Plunge team.

## **Additional information:**

Delegations will receive \$25 per approved participating Plunger.

Funds will be transferred into the delegation's centralized account by May 13, 2012.