

POLAR PLUNGE REVENUE SHARING GUIDELINES



REQUIREMENTS:

- Area/Delegation must participate in the Plunge.
- Areas/Delegations must have Special Olympic athletes in attendance at the Plunge. Athletes serve as greeters, speakers and/or plungers. If an athlete would like to receive a Polar Plunge T-Shirt, they must register and raise registration fee.
- A minimum of \$750 must be raised for any team to be considered for, or participate in, the program.
- The maximum amount that any individual team may earn is 100% of funds raised on a per team basis.
- 18% of the net proceeds go back to area from any given plunge with the maximum number of total dollars available after revenue minus expenses
- The Iowa State Greek Plunge is not eligible for the Revenue Sharing program.
- The Revenue Sharing application must be submitted to Rachel Bosworth no later than 30 days following the Plunge; a committee at the state office will review all applications and funds should be deposited into the area/delegation centralized account within 120 days of the date of the plunge.

SPONSORSHIP OPPORTUNITIES:

- If an area/delegation secures **sponsorships** of \$1,000 or above, 50% of the funds go directly into the area/delegation centralized account and 50% goes to the state office. If the sponsorship is renewed in subsequent years, the 50/50 allocation will remain in effect. *These funds do not count toward the area/delegation funds raised as related to Revenue Sharing.
- Prior solicitation approval must be obtained from SOIA office; please contact Rachel Bosworth at rbosworth@soiowa.org with any questions or to gain approvals.

POLAR PLUNGE REVENUE SHARING APPLICATION



(The electronic version of this form can be found on the participation forms list on the SOIA web page)

Coach Name: _____ Phone (_____) _____

Coach E-mail: _____

Area/Delegation Name: _____

Address: _____ City: _____ Zip: _____

Special Olympics Plunge Location: _____ Team Name: _____

A. Total amount of requested funds: _____ Date received: _____ Received by: _____
Date Requested: _____ Date needed: _____

B. Describe the need that the Revenue Sharing dollars would meet _____

C. Please provide a **detailed** budget of the expenses related to this request. List quantities and cost/item (add attachments if necessary).

E. Total number of Special Olympics athletes impacted by Revenue Sharing Dollars: _____

F. What are your plans for recruiting additional teams/sponsors for the next two Polar Plunge seasons?

G. If not awarded the full scholarship amount, will your area/delegation proceed by funding the difference?
Yes/No

H. Does your area/delegation have an existing centralized account? Yes/No

I. Comments/Additional Information: _____

When this form is completed, please forward it to Rachel Bosworth at rbosworth@soiowa.org

SOIA Staff Comments: _____

Amount awarded: _____

SOIA Approval Signature: _____

Date: _____

Forms must be completed and received by SOIA personnel within 30 days of the plunge in order to be eligible to participate in this program; funds should be deposited into the area/delegation centralized account within 120 days of the date of the plunge.