

# POLAR PLUNGE REVENUE SHARING GUIDELINES



## REQUIREMENTS:

- Teams can apply for up to 50% of their team's revenue for profit sharing; if all requirements are met
- 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 \$500 must be raised for any team to be considered for, or participate in, the program.
- Team must have a centralized account set up prior to submitting Revenue Share Application
- The University of Iowa and Iowa State Greek Plunges are not eligible for the Revenue Sharing program.
- The Revenue Sharing application must be submitted to the state office 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 90 days of the date of the plunge.

## SPONSORSHIP OPPORTUNITIES:

- If an area/delegation secures **sponsorships**, 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.
- Prior solicitation approval must be obtained from SOIA office; please contact the state office with any questions or to gain approvals.
  - Sponsors must be new to the Polar Plunge/SOIA. If soliciting a sponsor teams will work with the SOIA staff person assigned to that plunge to discuss benefits/sponsorship

# 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 \_\_\_\_\_

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

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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?

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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 Megan Filipi**  
**[mfilipi@soiowa.org](mailto:mfilipi@soiowa.org)**

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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 90 days of the date of the plunge.**