

EVENT 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 event.
- **Polar Plunge Participation**: 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 shared revenue.
- 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 event. 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 application submission date.

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 event/SOIA. If soliciting a sponsor teams will work with the SOIA staff person assigned to that plunge to discuss benefits/sponsorship

EVENT 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 Event 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 years?

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**

SOIA Staff Comments: _____

Amount awarded: _____

SOIA Approval Signature: _____

Date: _____

Forms must be completed and received by SOIA personnel within 30 days of the event 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 application submission.