INTENT:
To support registered Unified Schools of Special Olympics Washington in their efforts to organize, promote and implement multi-school competitions and recreational events to promote Unified Sports or Leadership and Advocacy.

FUNDING REQUEST:
Funding may be used to offset officials' fees, facility costs, equipment rental fees, supplies, and crucial event costs.

REQUIREMENTS:
- Funding requests are to be submitted by a representative of a registered (current) Unified School.
- The event (i.e., competition, tournament, meet, summit, etc.) must involve a minimum of three different schools.
- Each funding application must be accompanied by a rough draft of the organizational aspects of the event schedule in question; i.e., competition format, numbers of teams/schools to be involved, any committee structure, site, date, etc.
- Each funding application must include a budget listing overall expenses and how funds will be allocated.
- Reporting must be completed before funds are distributed directly to the school to cover the outlined expenses.

RESTRICTIONS:
- A registered SOWA Unified School may receive more than one funding per program year and multiple funding requests are encouraged.
- A maximum award of $250.00 is available for each funding request.
- Funds are not applicable toward SOWA-sponsored leagues, district, regional or state events.
- Funds will be issued on a "first-come, first-served" basis; forms received will be date-stamped, awarded by merit and in order of receipt.
- Funding applications will be evaluated on effective and efficient use of funds, need, reach, and depth.

REVIEW PROCESS/AWARDS:
All funding requests will be reviewed as soon as possible after receipt and any follow-up contacts will be made at that time. Final notification of funding approval and amounts to be received will be as expeditious as possible to facilitate the applicant’s event planning processes.

REPORTING:
Each event must be followed-up with reports. A report must include:
- Receipt Log to indicate proper spending of approved funds
- Photos, Video Clips, and Media Links
- TWO stories with the following information (student and/or teacher perspective):
  - How it started/who organized it/why?
  - When and where was it?
  - What happened?
  - Highlight of the event
  - How did the event make you feel
  - Other initiatives incorporated
- Impact:
  - # schools
  - # athletes
  - # partners
  - # fans/spectators
  - Any other details
Unified Champion Schools
Event Funding Request: 2017-18

EVENT TITLE: 
_______________________________________________________________________________

DATE: 
___________________

SPORT/ACTIVITY: 
_______________________________________________________________________________

FACILITY TO BE USED: 
_______________________________________________________________________________

HOSTING UNIFIED SCHOOL: 
_______________________________________________________________________________

APPLICANT’S NAME: 
_______________________________________________________________________________

PHONE: (_____)________________
EMAIL: 
_______________________________________________________________________________

FUNDING AMOUNT DESIRED: ____________ (Maximum is $250.00)

ANTICIPATED IMPACT: 
_____ Schools  _____ Athletes  _____ Partners  _____ Fans/Spectators 
_____ Other

INTENT OF FUNDS (Briefly describe how money will be used):

Please attach the event funding request/budget along with your schools Commitment to Inclusion form and submit to Morgan Larche, Director of Unified Schools, at mlarche@sowa.org or mail to PO Box 1640, Richland, WA 99352. Contact Morgan with questions at 206-693-2616. NOTE: PLEASE ALLOW 30 DAYS FOR APPROVAL.

SIGNATURE OF APPLICANT: ____________________________ DATE: ________________

OFFICE USE ONLY

Approved: ______  Denied: ______  Amount Awarded: __________________  Date: ________________
Unified Champion Schools
Event Funding Request 2017-2018

School Name: ________________________________
Event: _________________________________
Requesting Funds as a: □ Event

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<th>Fall Season</th>
<th>Winter Season</th>
<th>Spring Season</th>
<th>Justification</th>
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Liaison Signature: ________________________________
Administration Signature: ________________________________

OVERALL BUDGET REQUEST TOTAL

Please email this form to Morgan Larche, Director of Program Development, at mlarche@sowa.org
Or mail to PO Box 1640, Richland, WA 99352. Questions? Call 206-693-2616.