



***This Unified Champion Schools Annual Work Plan has been reviewed and approved.***

***The School Entity understands that the success of reaching the goals and objectives set forth in the Annual Plan may impact subsequent funding from Special Olympics to the School Entity.***

School Entity: \_\_\_\_\_

Principal's  
Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

School Liaison's  
Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

***\*\*For SOSC use only\*\* This Unified Champion Schools Annual Work Plan has been reviewed and approved. The following resources and funding needs have been identified:***

Unified Sports: \_\_\_\_\_

Inclusive Youth  
Leadership: \_\_\_\_\_

Whole School  
Engagement: \_\_\_\_\_

Total Award: \_\_\_\_\_

Total # of Payments: \_\_\_\_\_

Distribution  
Schedule: \_\_\_\_\_

SOSC Regional Staff  
Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Director - Schools, YA  
& Families Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_