

All home-based private education programs and other organizations who are grant recipients are required to fill out and submit with this expense reporting form, a federal W-9 Request for Identification Number and Certification form. This form is available on the IRS website at. https://www.irs.gov/pub/irs-pdf/fw9.pdf.

INSTRUCTIONS: After eligible robotics team has completed competition, complete this form and submit with receipts and business documentation. If a school district, a printout of the general ledger will be sufficient. Email this form along with the scanned receipts and business documentation by SEPTEMBER 30 to:

robotics@dpi.wi.gov

	I. G	ENERAL I	NFORMATIC	NC				
Name of School District, Private School, Charter School, Home-based Private Education Program, or Other Organizations							Funds Requested ceed award amount	
Contact Person's Name			Contact Pe	contact Person's E-Mail Address				
Contact Person's Telephone Area/No.	Grant	Grant Period						
	From 7/1/2023	To 6/30	0/2024					
II. MENTOR / TEAM INFORMATION								
Provide the name of the team mentor, the team name, and current grade levels for the robotics team members that plan to compete in the robotic competition hosted by a 501(c)3 nonprofit organization.								
Robotics Team Mentor Name First and Last				Team Status				
				☐ New	team this year		Existing team	
Name of Team Same as application					Grade Levels on Your Team Check all that apply			
				☐ 12 ☐ 8	☐ 11 ☐ 7	☐ 10 ☐ 6	9	
I HEREBY CERTIFY that no members of this team are below these grade levels permitted by state statute. According to s. 115.45 Wis. Stats., only students in grades 6-12 are eligible.								
Competition(s) Competed in Virtual or In-Person						Date(s) Mo./Day/Yr.		

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III. COST SUMMARY

• In column 1—Robotics Funds Requested, list all of the expenditures on which grant funds were used. This should total the amount awarded (or less, if not all funds were used).

- In column 2—100% Dollar Match, list all of the expenditures on which other funds (from the district, other grants, etc.) were used. These expenditures might be in the same or different rows and should total at least the same amount as column 1 expenditures.
- In column 3—Total Costs, you will see the total expenses automatically calculated from the first two columns.
- You must include itemized receipts from 7/1/23 6/30/24 for all expenses noted in columns 1 and 2.

		Column 1	Column 2		Column 3 Total Costs = Robotics				
Object		Robotics Funds Requested	100% Dollar Match		Funds Requested + 100% Dollar Match Total Costs				
Robotics Fee Requi	red								
Robotic Kits Required									
Robotic Supplies Required									
Travel Expenses									
Mentor Stipend Specify Recipient:									
		TOTAL							
I have included receipts and/or itemized business ledgers for the grant and match expenses noted above.									
Yes	No								
I HEREBY CERTIFY that the information contained within this application will be satisfied and that all facts, figures, and representations are true and correct to the best of my knowledge.									
I HEREBY CERTIFY that the cost summary listed is true and correct to the best of my knowledge.									
Name of Signer—School District Principal, Private School Administrator, Charter School Principal, Home-based School Administrator, or Other Administrator									
Signature of School District Principal, Private School Administrator, Charter School Principal, Home-ba Administrator, or Other Administrator				ne- based School	Date Signed Mo./Day/Yr.				
>									
		D	PI USE ONLY						
Approved	Signature of DPI Representa	tive			Date Si	gned <i>Mo./Day/Yr.</i>			
Disapproved	>								
Reason(s) for Disapproval									