



Wisconsin Department of Public Instruction
ROBOTICS LEAGUE PARTICIPATION GRANT
POST-CONFERENCE EXPENSE REPORTING
 PI-2774 (Rev. 03-23)

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

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>.

I. GENERAL INFORMATION

Name of School District, Private School, Charter School, Home-based Private Education Program, or Other Organizations	Robotics Funds Requested <i>Not to exceed award amount</i>
---	---

Contact Person's Name <i>First and Last</i>	Contact Person's E-Mail Address
---	---------------------------------

Contact Person's Telephone <i>Area/No.</i>	Grant Period	
	From 7/1/2022 To 6/30/2023	

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 <i>First and Last</i>	Team Status <input type="checkbox"/> New team this year <input type="checkbox"/> Existing team
---	---

Name of Team <i>Same as application</i>	Grade Levels on Your Team <i>Check all that apply</i> <input type="checkbox"/> 12 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6
---	---

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.

Name of Virtual or In-Person Competition(s)	Date(s) <i>Mo./Day/Yr.</i>
---	----------------------------

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 or business ledger documentation from 7/1/22 – 6/30/23 for all expenses noted in columns 1 and 2.

Object	Column 1 Robotics Funds Requested	Column 2 100% Dollar Match	Column 3 <i>Total Costs = Robotics Funds Requested + 100% Dollar Match</i> Total Costs
Robotics Fee Required			
Robotic Kits Required			
Robotic Supplies Required			
Travel Expenses			
Mentor Stipend <i>Specify Recipient:</i>			
TOTAL			

I have included receipts and/or itemized business ledgers for the grant and match expenses noted above.

Yes

IV. COST SUMMARY SIGNATURE

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-based School Administrator, or Other Administrator	Date Signed <i>Mo./Day/Yr.</i>
➤	

DPI USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of DPI Representative ➤	Date Signed <i>Mo./Day/Yr.</i>
---	--------------------------------------	--------------------------------

Reason(s) for Disapproval