#### **Robotics League Grant Post Conference Expense Reporting**

#### Step 3: PI-2774 Form found at <u>https://dpi.wi.gov/stem/grants/robotic-league</u>

	L.	GENERAL INFORMA	TION	
Name of School District, Private School Other Organizations	, Charter School, Home	-based Private Educa	dion Program, or	Robotics Funds Requested Not to exceed award amount
Contact Person's Name First and Last		Contact	Person's E-Mail Address	
Contact Person's Telephone Area/No.	Gran From 11/1/2020	To 06/30/2021		
	II. ME	NTOR / TEAM INFOR	MATION	
Provide the name of the team mentor, competition hosted by a 501(c)3 nonpro		urrent grade levels fo	r the robotics team members	that plan to compete in the robo
Robotics Team Mentor Name First and			Team Status	ar 📃 Existing team
Name of Team Same as application			Grade Levels on Your Te	am Check all that apply 10 9 6
I HEREBY CERTIFY that no ment only students in grades 6-12 are elic		elow these grade leve	als permitted by state statute.	According to s. 115.45 Wis. Stat
Competition(s) Competed in Virtual or A				Date(s) Mo./Day/Yr.



## **Section I: General Information**



Wisconsin Department of Public Instruction **ROBOTICS LEAGUE PARTICIPATION GRANT POST-CONFERENCE EXPENSE REPORTING** PI-2774 (Rev. 02-22)

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/oub/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. GENERAL INFORMATION

 Name of School District, Private School, Charter School, Home-based Private Education Program, or
 Robotics Funds Requested Not to exceed award amount

 Other Organizations
 Contact Person's Name First and Last
 Contact Person's E-Mail Address

 Contact Person's Telephone Area/No.
 Grant Period
 To

 Frpm
 To
 6/30/2022



## **Section II: Mentor / Team Information**

()1/2021	010012022
II. MENT	OR / TEAM INFORMATION
Provide the name of the team mentor, the team name, and curre competition hosted by a 501(c)3 nonprofit organization.	ent grade levels for the robotics team members that plan to compete in the robotic
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         11         10         9           8         7         6
I HEREBY CERTIFY that no members of this team are below only students in grant to 0-12 are eligible.	w these grade levels permitted by state statute. According to s. 115.45 Wis. Stats.,
Name of Virtual or In-Person Competition(s)	Date(s) Mo./Day/Yr.



#### **Section III: Cost Summary**

<ul> <li>In column 1—Robotics Funds Requested, list all of the expendituless, if not all funds were used).</li> </ul>	ures on which grant funds w	vere used. This should tota	I the amount awarded (o
<ul> <li>In column 2—100% Dollar Match, list all of the expenditures o expenditures might be in the same or different rows and should total</li> </ul>			etc.) were used. These
<ul> <li>In column 3—Total Costs, you will see the total expenses automation</li> </ul>	cally calculated from the firs	t two columns.	
You must include itemized receipts or business ledger documentation	on from 7/1/21 - 6/30/22 for	all expenses noted in colu	mns 1 and 2.
	Column 1	Column 2	Column 3 Total Costs = Robotics Funds Requested + 100% Dollar Match
Object	Requested	100% Dollar Match	Total Costs
Robotics Fee Required			\$ 0.0
Robotic Kits Required			\$ 0.00
Robotic Supplies Required			\$ 0.00
Travel Expenses			\$ 0.00
Mentor Stipend Specify Recipient:			\$ 0.0
TOTAL	\$ 0.00	\$ 0.00	\$ 0.00



## **Section III: Cost Summary**

III. C	OST	SUN	<b>MMA</b>	RY
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- 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 cournes.
- You must include itemized receipts or business ledger documentation from 7/1/21 6/30/22 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 Required			\$ 0.00
Robotic Kits Required			\$ 0.00
Robotic Supplies Required			\$ 0.00
Travel Expenses			\$ 0.00
Mentor Stipend Specify Recipient:			\$ 0.00
TOTAL	\$ 0.00	\$ 0.00	\$ 0.00

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

Yes



## **Business Ledger Documentation**

				21 Robot	SCHOOL DISTRI (Da		20 - 06/30/2021)			09/02/21	Pag 8 : 02
Loc Obj 1	Func Prj		Obj								
Date	Src Sub	Batch	Vendor Name/Ref	PO#/Line#	Description		Inv#/Desc2	Inv Date	Chk#/Rec#	Check Date	Amount
		I	291								
01/15/21	CR	CR011521	SCHOOL /	L 19	GIFTS		ROBOTICS	01/15/21	19042		-500.00
							DONATION				-500.00
					Cash Receipts						-500.00
					Cash Receipts						-500.00
		1	411								
06/22/21	AP	B2CC	BMO MASTERCARD	0			JUN21CC00000	06/05/21	102000012	06/22/21	252.99
0.0 /00 /00	10	D000	BMO MASTERCARD				113103 0700000	06 /05 /01	100000010	0.5 (00) (01	117 74
06/22/21	AP	B2CC	BMO MASTERCARD	0			JUN21CC00000	06/05/21	102000012	06/22/21	117.76
				I	IL, 60126, US,						
P.O. #	*Year	Description	n	Vendor	P.O. Date	PO Amount	PO Enc Amount	Liquidate	ed Adj Enc	Amount A	mount Open Sts
460202	1007 2021	HS RBTCS S	PLS	CROSS THE ROAD EL	ECT 07/08/2021	789.79	0.00	0.	00	0.00	0.00 0
					*Total	789.79	0.00	0.	00	0.00	0.00
				•	21 E 450 411 1261	01 000					370.75
					Accounts Payable						370.75



## **Spreadsheet Documentation**

Robotics Grant - Project 575

School District of	FY21
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			Column 1		Column 2	Column 3
Object	Vendor	Detail	Robotics Funds Requested	Detail	100% Dollar Match	Total Costs
Robotics Fee Required		\$0.00		\$0.00		\$0.00
Robotic Kits Required			\$1,787.80		\$0.00	\$1,787.80
	Vex Robotics	\$1,787.8	0			
Robotic Supplies Required			\$1,129.01		\$1,416.81	\$2,545.82
	A	\$615.0	1	\$220.66		
	Slack Technologies			\$13.53		
	Amazon	\$92.0	0			
	Koenigs ProSource	\$373.5	0			
	The Thrifty Bot			\$158.10	(	
	Pololu!			\$963.75		
	Amazon	1		\$267.10		
		\$48.5	0	- 200		
				\$12.67		
	Waigreens			\$21.00		
				\$160.00		
Travel Expenses			\$0.00		\$0.00	\$0.00
Mentor Stipend Specify Recipient			\$1,500.00		\$3,000.00	\$4,500.00
		\$1,500.0	0			1,055
				\$3,000.00		
	TOTAL		\$4,416.81		\$4,416.81	\$8,833.62

\$199.52	BlueROV2-Basic ESC	
\$709.20	Walmart	
\$47.98	amazon	
\$39.99	Amazon	
\$7.57	Amazon	
\$30.97	Amazon	
\$30.00	MATE ROV Competition	
\$140.00	MATE ROV Competition	
\$139.99	Amazon	
\$34.24	Theo's Pizza	
\$43.72	Amazon	
\$75.44	Amazon	
\$100.00	Active - MATE Inspiration for Innovation	
\$37.73	Mentinks	
\$26.36	Michaels	
\$31.90	Paypal	
\$601.16	Carnegie	
\$49.58	Mentink's	
\$100.00	Amazon	



#### **Itemized Receipts**



Beginning April 1, 2019, VEX Robotics will begin collecting sales tax in compliance with the recent South Dakota vs. Wayfair ruling. <u>More Information</u>.

VEX Robotics, Inc. - 6725 W. FM 1570, Greenville, TX 75402



# **Section IV: Cost Summary Signature**

#### 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	Date Signed Mo./Day/Yr.
Administrator, or Other Administrator	

>



## **Submit the Form**

#### Email the form and documentation to <a href="mailto:robotics@dpi.wi.gov">robotics@dpi.wi.gov</a>

#### FAQ can be found at <a href="https://dpi.wi.gov/stem/grant">https://dpi.wi.gov/stem/grant</a>

