



Request for Robotics Team Funding

All fields are required unless noted.

NAME OF ORGANIZATION, SCHOOL, OR NON-PROFIT AFFILIATE		TEAM NAME	TEAM NUMBER (IF APPLICABLE)
STREET ADDRESS, CITY, ZIP CODE, COUNTY			FEDERAL TAX ID NUMBER
NAME OF PRIMARY ADULT TEAM CONTACT	PHONE NUMBER	EMAIL ADDRESS	
NAME OF SECONDARY ADULT TEAM CONTACT	PHONE NUMBER	EMAIL ADDRESS	
TEAM MEDIA COORDINATOR (IF APPLICABLE)	PHONE NUMBER	EMAIL ADDRESS	
NUMBER OF STUDENTS ON TEAM			
SOCIAL MEDIA HANDLES (IF APPLICABLE)			
WHAT FIRST PROGRAM ARE YOU AFFILIATED WITH FOR THE UPCOMING SCHOOL YEAR?			
ARE YOU MATURE OR ROOKIE TEAM?			
TOTAL BUDGET FOR CURRENT SEASON			
WHAT ENTITY OR ORGANIZATION MANAGES THE TEAM FUNDS?			
HOW MANY COMPETITIONS WILL YOU ENTER FOR THE SEASON?			
WHERE IS YOUR PRIMARY MEETING LOCATION?			
HOW MANY YEARS HAS YOUR TEAM BEEN IN EXISTENCE?			
WHAT IS MAKEUP OF TEAM: BOYS/GIRLS?			
IS YOUR SCHOOL DESIGNATED AS TITLE ONE?			

Submit this form, W-9, and IRS determination letter 501c3 (if applicable) to Maureen Wilt at maureen.wilt@fpl.com

FPL.com/education