**K-12 Robotics Competition Grant Matching Funds Award Template**

Pursuant to [Indiana Code (IC) 20-20-45.5](https://iga.in.gov/legislative/2023/bills/house/1382#document-3716bd6f), schools seeking funding through the *K-12 Robotics Competition Grant* must provide evidence of a local in kind or cash matching contribution from other private or local funds in an amount equal to at least 25% of the amount of the awarded grant.

Consider the following when completing the template below:

|  |  |
| --- | --- |
| **K-12 Robotics Competition Grant Requested Budget Total** | **25% Local In Kind or Cash Match** |
| $50,000 | $12,500 |
| $40,000 | $10,000 |
| $30,000 | $7,500 |
| $20,000 | $5,000 |
| $10,000 | $2,500 |

In kind or cash contributions can be allocated at the discretion of the requesting schools and should be prioritized to fund expenses considered non-allowable uses of state funds (e.g., marketing, shirts, pit decorations, competition snacks).

|  |  |
| --- | --- |
| **Name of Corporation/Charter School/Accredited Non-Public School** |  |
| **Total Requested Budget Amount** |  |
| **Total In Kind or Cash Contributions** | *Must total at least 25% of the requested budget.* |

|  |  |  |
| --- | --- | --- |
| **In Kind Contributions** | | |
| Name of Contributing Partner | Description of Contribution | Cash Value of Contribution |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total:** | |  |

|  |  |  |
| --- | --- | --- |
| **Cash Contributions** | | |
| Name of Contributing Partner | Description of Contribution | Cash Value of Contribution |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total:** | |  |

Prior to submitting, please confirm that:

**In Kind Contributions + Cash Contributions = 25% of Requested Budget**

**Submission Information**

Name of Preparer: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Superintendent/Head of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent/Head of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Contact the Indiana Department of Education’s* [*Office of Teaching and Learning*](mailto:TLgrants@doe.in.gov) *with additional questions regarding this template or grant opportunity.*