City of Santa Clara
Application for Funding Assistance through the Championship Team Fund

RECEIVED
FEB 27 2018
Office of the City Manager
City of Santa Clara

1. ORGANIZATION INFORMATION

Name of Group or Organization Wilcox Robotics

Address 3250 Monroe St. Santa Clara

Contact Person Karen Hardy Email Address khardy@scusd.net

Telephone (Day) 408-423-3571 Evening 408-315-5580

Describe purpose of your organization High School Students who, design & build a robot to complete assigned tasks

How long has your organization been providing youth activities in Santa Clara? 4 years

2. COMPETITION/PERFORMANCE INFORMATION

Name of state, national or international competition/performance that you/your group will be competing for FTC West Super Regionals Robotics Tournament in Spokane WA

Amount you are requesting $ 2,000

Summary of proposed competition/performance (include specifically where/how City funds would be used) __

Identify other organizations who have provided partial funding for this activity Parents, School District, Santa Clara Rotary + Intivitive Surgical

Who is predominantly served by this organization? High School Students

How will the funding assistance enhance your existing organization? Make it possible for us to take the team to the tournament

3. FUNDING INFORMATION

Total cost of participation in this competition/performance (including above amount requested) $10,000

How many youth and coaches/chaperones will be participating in the competition/performance?

Youth 14 Coach/Chaperones 5

* 2 coaches/chaperones will be included in the travel expenses.

4. BUDGET SUMMARY OF TRAVEL EXPENSES

Travel Destination Spokane Washington Convention Center

Competition/Performance Date(s) March 9-11 2018

Transportation:

Airline	≈ $ 5750
Car (rental and/or own)	≈ $ 350
Bus	$
Train	$
Other (describe)	$

5. REGISTRATION/TOURNAMENT/ENTRY FEE

Cost for registration $ 500

6. FOOD

Number of Days 4 ≈ $ 2000

7. LODGING

Hotel	≈ $ 1400
Motel	$
Other (describe)	$

TOTAL TRAVEL EXPENSES: $ 10,000

The Applicant hereby proposes to provide the activity/program in accordance with the Youth Sports Assistance Fund Policy of the City of Santa Clara as stated in this application. If this application is approved for funding assistance, it is agreed that relevant Federal, State, and Local regulations, and other assurances as required by the City of Santa Clara will be adhered to. Furthermore, as duly authorized representative of the applicant organization, the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true, correct and complete, to the best of my knowledge.

Date: Feb 26 2018

Wilcox Robotics

Agency Name

Representative Karen Hardy

Title Robotics Coach