



ORTOP Team Support Application

Page:

1 2 3 4 5 6 7

☐ Save my progress and resume later | [Resume a previously saved form](#)

Welcome to the 2022-23 ORTOP Team Support Application.

Please submit this form to request funding through ORTOP's Team Support Program. Team Support awards are competitive due to both requirements of our grantors, and generally limited funding. ORTOP prioritizes funding to applicants who support participation in under-resourced communities.

Please tell us about unique or specific circumstances that your team(s) face this season. Our volunteer reviewers appreciate receiving concise information, and also value reading your responses about your program, successes, and challenges.

You may save your edits and return to this page as needed prior to submitting. A Request for Proposals (RFP) with additional information and resources is available at www.ortop.org/team-support/

Questions? Need help with your application?
Email: team-support@ortop.org

*I consent to ORTOP and our third-parties (Salesforce, Google, FormAssembly) collecting and storing my personal information to process my application. I agree to receive messages via email, phone, or postal service. I agree to respond to inquiries regarding this application in a timely manner. **

☐ I agree ☐ I do not agree

Contact Information

Your First Name *

Your Last Name *

Your Email *

Your Phone Number (numbers only) *

Your role in this application (select as many as appropriate) *

- ☐ Coach or Mentor
- ☐ Parent of Team Member
- ☐ Non-parent Volunteer for the team
- ☐ School or District Leader (School Principal or Superintendent)
- ☐ School or School District grant writer
- ☐ Other (please specify)

Are you a teacher? *

☐ Yes ☐ No

Program Location

Are you applying on behalf of a school or organization? *

☐ Yes ☐ No

City where team meets *

Zip Code *

County *

State *

☒ OR

☐ WA

☐ CA

Free and Reduced Lunch

Please provide the percentage of students who qualify for the Free and Reduced Meals Program at the school or district where most students of the team are zoned to attend.

Please use the Oregon Department of Education [Free and Reduced Lunch Report](#) (this link will open in MS Excel).

Percentage of Free and Reduced Lunch at
the referenced school *

%

Referenced School Name *

Referenced School District *

Next Page



ORTOP Team Support Application

Page:

☐ Save my progress and resume later | [Resume a previously saved form](#)

About Your Teams

Note: Each team must have two coaches registered in the FIRST Dashboard, prior to attending an event.

Please complete this section for each team included in this funding request.

Note: To add an additional team, please select "Click here to add another Team to your application" below.

Returning vs. New Team Status *

- ☐ Returning Team
- ☐ New Team

"Returning" and "New" team status as is used in this application are different from the FIRST Rookie and Veteran Team status. A "New" team is defined as a team at a location that has not had a team in the prior 3 years -or- as an additional team to a location with all existing teams returning. A "Returning" team is a team at a location or program that has had a FIRST team in the past 3 years, even if all of the team members are new.

FIRST Program *

Please select... ▼

Please select...

FIRST LEGO League Explore (2-4th grade)

FIRST LEGO League Challenge (4th-8th grade)

FIRST Tech Challenge (7th-12th grade)

FIRST Robotics Competition (9th-12th grade)

Scenario (check all that apply) *

and no after-school meeting time

with additional after-school meeting time

Which best describes this team's meeting scenario (check all that apply) *

- ☐ Meets as a for-credit class during the day and no after-school meeting time
- ☐ Meets as a for-credit class during the day with additional after-school meeting time
- ☐ Meets only as an after-school program at a school
- ☐ Meets only as an after-school program at a location other than school
- ☐ Other

Lead Coach #1

First Name

Last Name

Email Address

Lead Coach #2

First Name

Last Name

Email Address

Do you expect that this Team will participate *

☐ in Competitive Events (in-season)

☐ in Non-Competitive Events (off-season)

Please provide any additional information about this team, if appropriate.

[Click here to add another Team to your application](#)

Previous Page

Next Page

[Save my progress and resume later](#) | [Resume a previously saved form](#)



ORTOP Team Support Application

Page:

1 2 **3** 4 5 6 7

☐ Save my progress and resume later | [Resume a previously saved form](#)

Student Interest and Recruiting

How many students do you expect to participate on the team(s) if you can secure funding? *

Please describe the level of student interest in having *FIRST* team(s). What are the plans for sustaining the team(s)? *

Please describe the plan for inviting and engaging additional mentors and experts beyond the required two coaches per team? Describe your successes and challenges in securing mentors and experts. *

Please describe the specific strategies the team(s) will use throughout the season to build an inclusive environment and diverse team membership. How will you recruit and retain students from under-represented communities? Consider: girls, students of color, English-language learners, undocumented students, students with disabilities, students with learning differences, LGBTQIA2S+ students (including those not yet 'out'). What challenges exist for these students and how will your team approach these challenges?

*

[Previous Page](#)[Next Page](#)

[Save my progress and resume later](#) | [Resume a previously saved form](#)

[Contact Information](#)



ORTOP Team Support Application

Page:

1 2 3 **4** 5 6 7

☐ Save my progress and resume later | [Resume a previously saved form](#)

Team Meetings

Facilities

Please describe the planned meeting facilities for each of the teams. If there are multiple teams in a program, and team meeting spaces differ, describe each.

*

Do the teams have access to dedicated space? *

- ☐ Yes
- ☐ No

Is there room to set up a practice field? *

- ☐ Yes
- ☐ No
- ☐ Unknown

Meeting Planning

Describe your meeting plans

What date will teams start conducting meetings?

*

How often will teams meet each week? *

How many hours per day/meeting? *

Describe the timeline to be prepared for competition.

*

What else would you like to share about your preparations to be successful?

[Previous Page](#)

[Next Page](#)



ORTOP Team Support Application

Page:

1 2 3 4 **5** 6 7

☐ Save my progress and resume later | [Resume a previously saved form](#)

Budget Information

Number of teams summary

Program	Number of Returning Teams	Number of New Teams
<i>FIRST</i> LEGO League Explore	0	0
<i>FIRST</i> LEGO League Challenge	0	0
<i>FIRST</i> Tech Challenge	0	0
<i>FIRST</i> Robotics Competition	0	0

Program Budget (for all teams)

Please provide a projected overall budget. This budget should include not only the money you are requesting from ORTOP, but also the revenue you will collect through team dues, fundraising events, support of organizations like PTA or PTO, local business sponsorships, and grants from other sources. Use the sample budget from the application information page as a starting place, and customize it to your team's unique circumstances.

Do not include any expenses for World Championships.

How many students are you expecting to participate in the program overall? 0

You can change this number on page 3.

*

Expenses

Please enter Budget Amount and Notes.

Some Budget Amounts are calculated from your entries on page 2.

Robot Kits or parts *

0

Shop Supplies *

0

Equipment or reusable tools *

0

Travel/Meals/Lodging *

0

Marketing/Fundraising *

0

Coach/Mentor Stipend *

0

Other Expenses *

0

Expenses Total *

0

Use the boxes ^above for any notes.

Income Section

Please enter Budget Amount and Notes.

Team Dues/

Fees *

0

Fundraiser

Income *

0

Local

Sponsorship *

0

National Grants

*

0

Other Grants *

0

Other Income *

0

Total Income *

0

Use the boxes ^above for any
notes.

Budget Gap (Surplus)

Amount of Unsecured Funding * \$ 0

Amount requested from ORTOP
Team Support funds: *

\$

Any other budget information?

Please tell us the reasons you are requesting financial assistance. Explain the challenges faced by the team(s), and not just the benefits of receiving the funding. Please be as specific as possible, remembering that you already shared rate of Free and Reduced Lunch eligibility for your school area.

*

How will the team share their team experiences with their community, or encourage others to participate in *FIRST*? *

Any final comments?

[Previous Page](#)

[Next Page](#)



ORTOP Team Support Application

Page:

1 2 3 4 5 **6** 7

☐ Save my progress and resume later | [Resume a previously saved form](#)

Specific Award Requirements

ORTOP receives funding from many sources, some of which are restricted to team and program support with specific requirements. On this page we ask you to respond to specific opportunities, although this is not an exhaustive list.

If you receive funding restricted by one of the grantors, are you willing and able to write a thank you letter, and provide 3-5 photos from the season? *

☐ Yes ☐ No

[Previous Page](#)

[Next Page](#)

[Save my progress and resume later](#) | [Resume a previously saved form](#)

[Contact Information](#)



ORTOP Team Support Application

Page:

1 2 3 4 5 6 **7**

☐ Save my progress and resume later | [Resume a previously saved form](#)

Award Agreement and submission

IRS Form W-9

If Team Support is awarded, the Form W-9 is the source of information for payment. The check will be payable to the Name on the W-9. The check will be mailed to the address on the W-9. Please ensure the Form W-9 is up-to-date.

Please upload a copy of your W9. *

No file chosen

Acceptance of the ORTOP Team Support Award Letter requires two signatures. Please provide the email address for the second signatory:

Agreements

If awarded a Team Support Award, I agree that our school or organization will

- 1) complete, sign and return the Team Support Award Acceptance Letter within 10 days of receipt;*
- 2) maintain accurate records of expenditures, including receipts, for three years after the award date, and submit documentation to ORTOP upon request;*
- 3) complete an interim report about event-readiness;*
- 4) complete a year-end report including budget, student participation, and program impact.*

*Failure to complete these steps may result in loss of eligibility for future Team Support Awards from ORTOP. **

☐ I agree.. ☐ I do not agree..



I'm not a robot



reCAPTCHA
Privacy · Terms

reCAPTCHA helps prevent automated form spam.

The submit button will be disabled until you complete the CAPTCHA.

[Previous Page](#)

[Submit your application for ORTOP Team Support](#)

[Save my progress and resume later](#) | [Resume a previously saved form](#)