



RoboCup Junior (Australia) Inc.  
117 Clifton Springs Rd  
Drysdale VIC 3222  
ABN: 72 592 462 493  
Incorporation Number: A0040826L

## RoboCup Junior Victoria (RCJV) – Team Support Fund (TSF) Application Information & Form

Please ensure you have carefully read the below information before completing this form. Applications should be sent to Evan Bailey via email ([evan.bailey@robocupjunior.org.au](mailto:evan.bailey@robocupjunior.org.au)) by 5pm on the closing date for the relevant event, as posted at the webpage <https://www.robocupjunior.org.au/challenge-regions/vic/vic-events/>.

### Application and Funding Process

1. Applicant submits completed application form by due time/date.
2. Applications are reviewed by selection panel.
3. All applicants will be advised of their application outcome (including amount granted). In the event the selection panel intends to grant an applicant funds lesser than the requested amount, a representative from the selection panel will first discuss with the applicant.
4. Following attendance at the event, the applicant must submit a GST compliant invoice to RCJV for approval.
5. Approved invoices will be paid within 5 working days.

### Important Information

1. All decisions made by the selection panel are final.
2. Submission of an application form (regardless of eligibility) does not guarantee your application will be successful.
3. It is unlikely an applicant would be successful in gaining funding for the entirety of costs associated with attending an event.
4. All information on applications must be fair, honest and true. Any applications found to be dishonest or not in the spirit of the team support fund, at any point in time, will be deemed void.
5. Successful applications will be required to fund event attendance costs, and will be reimbursed by the lesser of either actual expenditure on eligible items, or the amount of funds granted by the selection panel, following the event and receipt of GST compliant invoice.
6. Successful applications must provide evidence of expenditure on request (i.e., receipt or invoices with proof of payment for eligible items).
7. Applicants are defined as teachers, parents and guardians of participants, and must be aged 18 or over.
8. A separate application must be made for each event.
9. Applicants are welcome to include additional supporting information on a separate page.
10. In the event an application is successful, and the applicants attendance at the event is lesser than stated in the application, the maximum funding available to the application may be reduced.

### Closing Times & Dates

Victorian State Event 2024 – 5pm Friday 6<sup>th</sup> September 2024

**Basic Information**

Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Organisation \_\_\_\_\_

Town/Suburb \_\_\_\_\_ Travel Time to Melbourne \_\_\_\_\_

Does Your Organisation Typically have Students who are Even Further Away from Melbourne? \_\_\_\_\_

Does Your Organisation have Students who identify as First Nations? \_\_\_\_\_

Sector (Select)            Government             Catholic             Independent

Event (Select)            Victoria State Event 2024

**Team and Student Information**

Number of Teams That Would Attend Event Regardless of TSF Assistance \_\_\_\_\_

*Number of Students That Would Attend Event Regardless of TSF Assistance*

Female \_\_\_\_\_ Male \_\_\_\_\_ Total \_\_\_\_\_

*Number of Additional Teams That Will Attend Event Due to TSF Assistance*

OnStage \_\_\_\_\_ Rescue \_\_\_\_\_ Soccer \_\_\_\_\_ Total \_\_\_\_\_

*Number of Students That Will Attend Event Due to TSF Assistance*

Female \_\_\_\_\_ Male \_\_\_\_\_ Total \_\_\_\_\_

*Total Number of Students That Will Attend Event (Assuming Receipt of TSF Assistance)*

Female \_\_\_\_\_ Male \_\_\_\_\_ Total \_\_\_\_\_

Total Number of Teams That Will Attend Event (Assuming Receipt of TSF Assistance) \_\_\_\_\_

**Financial Information**

Organisation Contribution \$ \_\_\_\_\_ Requested Assistance \$ \_\_\_\_\_

Total Expected Expenditure \$ \_\_\_\_\_ Assistance as percentage of total \_\_\_\_\_ %

**Any Additional Information (Optional)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge I confirm information provided is a fair and true representation

**Signed (Please Type)** \_\_\_\_\_