



*Offaly County Childcare
Committee Clg.*



APPLICATION FORM

Offaly Parent & Toddler Group Initiative Grants 2020

NB Please write name of group as it appears on bank/credit union/post office account.

1. Name of Group:-

2. Address of Group:-
NB Please write name of venue where your group meets weekly.

3. Name and details of two contact people (preferably committee members) (please include address, phone/mobile & email for each):-

Name:
Address:

Name:
Address:

4. Contact name and number for the group: _____
Note: This number will be made publically available

5. Amount of grant being sought from City/Childcare Committee (to a limit of €1,000 new groups: €800 existing groups) €

6. Detailed breakdown of costings for grant being sought:- (Example: €1,000 being sought; €200 toys, €200 insurance, €200 training, €200 rent, €200 equipment)

7. Annual cost of running the group:-

8. How often does the group take place? **(Please include day and time for our records)**

9. Do you charge participants? Yes ___ NO ___
If yes, what is the charge per session?

10. Do you pay an annual rent for premises?
If yes, how much and to whom is rent paid?

11. Details of funding received in the past year:-
(e.g. CCC, HSE, local fundraising, other)

Funding Agency	Amount €

12. If funding was received from Offaly CCC
in 2019 have you returned your Progress Report?
(If 'NO' please forward this Report immediately)

YES NO

13. Details of unsuccessful funding applications in the past
Year:
(please give reason):

Funding Agency	Reason

14. What other agencies have you applied to for future
funding?

Funding Agency

15. When was the Parent & Toddler Group formed?

16. On average how many adults attend the group each week?

17. On average how many children attend the group each week?

18. How many people are involved in the committee?

19. Name of the Insurance Company & Insurance Number
(Please enclose copy of Insurance)

Annual Income and Expenditure Account 2019

(Newly formed groups do not need to provide a financial record until they are in existence for one year)

NAME OF GROUP:

TIME PERIOD:

Opening Balance in Account:

€ _____

Income 2019

Expenditure 2019

Parent & Toddler Fees 2019	
Fundraising 2019	
Grants Rec'd in 2019	
Offaly County Childcare Committee	
HSE	
Other (please specify)	

Rent	
Heating	
ESB	
Insurance	
Telephone	
Toys and Equipment	
Snacks - tea & coffee	
Activities (please specify)	
Training	
Other items	

Total € _____

Total € _____

Closing Balance: € _____

Signed: _____
Treasurer/Committee Member

Date: _____

