



APPLICATION FORM

Parent & Toddler Group Initiative Grants 2025

[Please use block letters]

6.

Name of Group: -		
Address of Group: - NB. Please write name of venue wh	nere your group meets weekly.	
Name and details of two contact peaddress, phone/mobile & email for	eople (preferably committee members) (please incl	ude
Name:	Name:	
Address:	Address:	
Phone: Mobile: Email:	Phone: Mobile: Email:	
Contact name and phone number/e	email address for the group:	
Note: This contact name and phone Parent & Toddler Groups gov.ie we	e number/email address will be made available on ebsite.	the
f the contact person for the Group	does not want their contact details published, a m	ıoni
email address and/or phone numbe	er must be provided for the Group so they may be	
		gov

(Please note, a minimum of 6 buggy sessions must occur in order to be eligible for this grant)

€

Amount of grant being sought from City/Childcare

Committee for Buggy Walking Group (to a limit of €300)?





7.	Annual cost of running the group?		€		
8.	Detailed breakdown of costings for grant being sought: - (Example: €950 being sought: - (Example: €950 being sought) €150 toys, €200 insurance, €200 training, €200 rent, €150 equipment, €50 children's refreshments). Full details will be required in the Expenditure Report.				
9.	How is the group advertised?				
10.	How often does the group sessions take place? (Please include day and time for our records)				
11.	Do you charge participants?				
	If yes, what is the charge per session?	€			
	(If the group charges a membership fee, it shor and the amount being charged in any adv		hat the fees will be used		
12.	Do you pay an annual rent for premises?	an annual rent for premises?			
	If yes, how much rent is paid?	€			
	To whom is rent paid?				
13.	Details of funding received in the past year:	(e.g. CCC, HSE, local f	undraising, other)		
14.	If funding was received Offaly CCC				
	in 2024, have you returned your Progress Re	eport?			

Yes

No

(If 'NO' please forward this Report immediately)





15.	Details of unsuccessful funding applications in the past year:	Funding Agency			
	Please give a reason:				
16.	What other agencies have you applied to for funding/future funding?	Funding Agency			
17.	When was the Group formed?				
18.	On average how many adults attend the group each week?				
19.	On average how many children attend the group each week?				
20.	How many people are involved in the committee?				
21.	Name of the Insurance Company & Insurance Number: (Please enclose a copy of your insurance documents):				
22.	If your P&T Group is part of a larger organisation below indicating whether the organisation is reg compliant with the Charities Regulator Governal	istered with the Charities Regulator and is			
	Yes No				
	If "No", please state the reason:				





Please return completed form before 28 / 03 / 2025

Siobhán Egan Grants for Parent & Toddler Groups, Offaly County Childcare Committee, 1st Floor 8 O'Connor Square Tullamore Co. Offaly R35 Y7PO

*N.B. APPLICATIONS WILL NOT BE CONSIDERED IF ALL SECTIONS OF THE FORM HAVE NOT BEEN COMPLETED.

THE CLOSING DATE IS 28/03/2025. LATE APPLICATIONS WILL NOT BE ACCEPTED.