|  |  |
| --- | --- |
| C:\Users\jane\OneDrive - Wicklow County Childcare Committee\Documents\Advertising & Publicity\CCI Logo\cci-logo.jpg |  |
| ***APPLICATION FORM*** |

**Parent & Toddler Group Initiative Grants 2024**

[Please use block letters]

**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.**

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

**Name:**

**Address:**

**Phone:**

**Mobile:**

**Email:**

**Name:**

**Address:**

**Phone:**

**Mobile:**

**Email:**

1. **Contact name and number for the group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: This number will be made publically available**

1. **Do you plan to run a buggy walking group**

**with a minimum of 6 sessions? Yes No**

1. **What actions do you intend taking to achieve the goals of this year’s P&T Grant regarding the inclusion of newly arrived families from the Ukraine and other countries?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Amount of grant being sought from CCC (to a limit of**

**€**

**€1,000 new groups: €800 existing groups)?**

**8.. Amount of grant being sought from CCC**

**€**

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

**9. Detailed breakdown of costings for grant being sought: - (Example: €950 being sought;**

 **€150 toys, €200 insurance, €200 training, €200 rent, €150 equipment, €50 children’s**

 **refreshments)**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Annual cost of running the group?**

**€**

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

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

**12. Do you charge participants? Y/N**

**€**

 **If yes, what is the charge per session?**

**13. Do you pay an annual rent for premises? Y/N**

**€**

**If yes, how much rent is paid?**

**To whom is rent paid?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Agency**

**Amount €**

**14. Details of funding received in the past year: -**

 **(e.g. CCC, HSE, local fundraising, other)**

**15. If funding was received from Sligo CCC**

 **in 2023 have you returned your Progress Report?**

**(If ‘NO’ please forward this Report immediately) Yes No**

**16. Details of unsuccessful funding applications**

**Funding Agency**

**in the past year:**

**Please give reason:**

**Reason**

**Funding Agency**

**17. What other agencies have you applied to for**

**funding/future funding?**

**18. When was the Group formed?**

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

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

**21. How many people are involved in the committee?**

**22. Name of the Insurance Company & Insurance Number, if applicable.**

 **(Please enclose copy of Insurance, if available)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**23. If your P&T group is part of a larger organisation (e.g. FRC), please tick the box opposite indicating whether the organisation is registered with the Charities Regulator and is compliant with the Charities Regulator Governance Code**

 **Yes No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**