

APPLICATION FORM

Parent & Toddler Group Initiative Grants 2017

[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.

3. 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:

4. Contact name and number for the group: _____

Note: This number will be made publically available

5. Amount of grant being sought from County 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 ----- CCC
in 20XX 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 2016

(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 2016

Parent & Toddler Fees 2016	
Fundraising 2016	
Grants Rec'd in 2016	
Longford County Childcare Committee	
HSE	
Other (please specify)	

Total

€ _____

Expenditure 2016

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

Total

€ _____

Closing Balance:

€ _____

Signed: _____
Treasurer/Committee Member

Date: _____

PROGRESS REPORT

Name of Group:

Amount of funding Allocated:

1. Please give breakdown on how the funding was spent:
(Example: €150 insurance, €75 books; €150 toys)

2. Describe the benefits the grant made to the group

3. Any additional information which may be of relevance.

Signed (Chairperson or committee member)

Date _____

Please return completed form before :30/06/2017

To: Maudie Kenny
Longford County Childcare Committee
Longford Community & Enterprise Centre
Ballinalee Road
Longford

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

DATA PROTECTION DECLARATION

As soon as you contact Longford County Childcare Committee we will create a computer record in your group's name. Information that you provide is added to your record.

The information you provide may be used for the following purposes:

- CCC database and directory of services
- Recording queries and information and advice given
- Processing of funding applications
- Compiling statistical information to help us improve our services and share information with the Department of Children and Youth Affairs and Pobal.

To give you an example of disclosure: Longford County Childcare Committee is required to give funded groups names and certain other data to the Department of Children and Youth Affairs and Pobal. The Department and Pobal, in turn, observe strict rules of disclosure that are registered with the Office of the Data Protection Commissioner. Longford County Childcare Committee will adhere to its data protection policy.

***Disclaimer:** This information is provided to LCCC as part of a funding application. Although every effort has been made to ensure the accuracy of all information published, Longford County Childcare Committee cannot accept any liability or responsibility for any errors or omissions. Longford County Childcare Committee will bear no liability or responsibility, direct or indirect, for use or misuse, of any information in this application for funding.*

I have read and understood the above statement and consent to the use and disclosure of data and information as outlined above.

Signature _____

Position _____

Date _____