



**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.**

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:

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

Yes

No



5. Do you plan to run a buggy walking group with a minimum of 6 sessions?

Yes

No



6. 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?

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7. Amount of grant being sought from CCC (to a limit of €1,000 new groups: €800 existing groups)?

€

9.

€

8.. Amount of grant being sought from City/Childcare Committee 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)

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10. Annual cost of running the group?

€

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

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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 the rent paid? \_\_\_\_\_



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

Funding Agency	Amount €

15. If funding was received from Offaly CCC  
in 2023 have you returned your Progress Report?  
(If 'NO' please forward this Report immediately)

  
Yes

  
No

16. Details of unsuccessful funding applications  
in the past year:

Funding Agency

Please give reason:

Reason

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

Funding Agency

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



**Electronic Fund Transfer Permission Form 2024**

Date: \_\_\_\_\_

***RE: Parent & Toddler Group Initiative Grants 2024***

I \_\_\_\_\_ (please print name) give Offaly CCC permission to transfer allocated funding into our Parent & Toddler Bank Account upon receipt of being successful for grant money under the **Parent & Toddler Initiative Grant 2024**.

To facilitate payment, please provide the following details:

Beneficiary Pay Details:			
<b>Account Name:</b>			
<b>Bank Address:</b>			
<b>BIC:</b>		<b>IBAN:</b>	

Form must be signed by two committee members:

**Signature 1**

**Signature 2**

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_