



**APPLICATION FORM**

## Parent & Toddler Group Initiative Grants 2023

[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. Are you applying for funding to run an additional Parent & Toddler Group session?

Yes

No

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

Yes

No

7. 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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8. Amount of grant being sought from CCC (to a limit of €1,100 new groups: €800 existing groups)?

9. Amount of grant being sought from City/Childcare Committee for Additional Session (to a limit of €300)

10. Amount of grant being sought from City/Childcare Committee for Buggy Walking Group (to a limit of €300)

11. Detailed breakdown of costings for grant being sought: - (Example: €1,000 being sought; €200 toys, €200 insurance, €200 training, €200 rent, €150 equipment, €50 children's refreshments)

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12. Annual cost of running the group?

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

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14. Do you charge participants? Y/N  
If yes, what is the charge per session?

15. Do you pay an annual rent for premises? Y/N  
If yes, how much rent is paid?

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

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

| Funding Agency | Amount € |
|----------------|----------|
|                |          |

17. If funding was received from Wicklow CCC  
in 2022 have you returned your Progress Report?  
(If 'NO' please forward this Report immediately)

Yes

No

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

|                |
|----------------|
| Funding Agency |
|                |

Please give reason:

|        |
|--------|
| Reason |
|        |

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

|                |
|----------------|
| Funding Agency |
|                |

20. When was the Group formed?

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

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

23. How many people are involved in the committee?

24. Name of the Insurance Company & Insurance Number, **if applicable.**  
(Please enclose copy of Insurance, **if available**)

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Closing date for applications: 19<sup>th</sup> April 2023 at 5pm

# Annual Income and Expenditure Account 2022

(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 2022

|                                    |  |
|------------------------------------|--|
| Parent & Toddler Fees 2022         |  |
| Fundraising 2022                   |  |
| Grants Rec'd in 2022               |  |
| Wicklow County Childcare Committee |  |
| HSE                                |  |
| Other (please specify)             |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |

**Total**

€ \_\_\_\_\_

Expenditure 2022

|                             |  |
|-----------------------------|--|
| 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: \_\_\_\_\_

Signed: \_\_\_\_\_  
Committee Member

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

## DATA PROTECTION DECLARATION

As soon as you contact Wicklow County Childcare Committee (CCC) 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, Equality, Disability, Integration and Youth(DCEDIY) and Pobal.

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

*Disclaimer: This information is provided to Wicklow CCC as part of a funding application. Although every effort has been made to ensure the accuracy of all information published, Wicklow CCC cannot accept any liability or responsibility for any errors or omissions. Wicklow CCC 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** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Position** \_\_\_\_\_

**Date** \_\_\_\_\_

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

# 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, €50 children's refreshments)**

**2. Describe the benefits the grant made to the group**

**3. How did the P&T Group focus on the inclusion of newly arrived families from the Ukraine and other countries and has the group been successful in its' aims? Provide additional information to support this response.**

**Signed:** (Chairperson or committee member)

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

**Signed:** (Committee member)

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

**Please return completed form before 31/12/2023**

**To: Parent & Toddler Grants  
Wicklow County Childcare Committee  
Kilmantin Hill  
Wicklow Town  
Co. Wicklow  
A67 ND90**