



## APPLICATION FORM

# Parent & Toddler Group Initiative Grants 2025

[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 phone number/email address for the group:

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**Note: This contact name and phone number/email address will be made available on the Parent & Toddler Groups gov.ie website.**

If the contact person for the Group does not want their contact details published, a monitored email address and/or phone number must be provided for the Group so they may be contacted. This contact information will be published on the Parent & Toddler Group gov.ie website directory.

5. Amount of grant being sought from CCC (to a limit of €1,000 new groups: €800 existing groups)?
6. Amount of grant being sought from City/Childcare Committee for Buggy Walking Group (to a limit of €300)? (Please note, a minimum of 6 buggy sessions must occur in order to be eligible for this grant)
7. Annual cost of running the group?
8. 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). 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 should be transparent what the fees will be used for and the amount being charged in any advertisements.)
12. Do you pay 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 fundraising, other)  
 \_\_\_\_\_  
 \_\_\_\_\_
14. If funding was received from Wicklow CCC in 2024, have you returned your Progress Report?    
 (If ‘NO’ please forward this Report immediately) Yes No

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

Funding Agency

Please give a reason: \_\_\_\_\_

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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 (e.g. FRC), please tick one of the boxes below indicating whether the organisation is registered with the Charities Regulator and is compliant with the Charities Regulator Governance Code:

Yes

No

If "No", please state the reason: \_\_\_\_\_

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**Please return the completed application form by  
5pm, 28<sup>th</sup> March 2025 to:**

**The Wicklow County Childcare Committee CLG  
Suite 5, Block 6, Broomhall Business Park  
Rathnew  
Co Wicklow  
A67 AH39**

**\*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.**

## 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.
- The DCEDIY Parent and Toddler Group gov.ie website directory.
- 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 data that may be shared: Wicklow CCC is required to give funded groups names and application details to the DCEDIY and Pobal. 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** \_\_\_\_\_

# Annual Income and Expenditure Account 2024

(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 2024

Parent & Toddler Fees 2024	
Fundraising 2024	
Grants Rec'd in 2024	
Wicklow County Childcare Committee	
Other (please specify)	

**Total** \_\_\_\_\_ € \_\_\_\_\_

Expenditure 2024

Rent	
Heating	
Electricity	
Insurance	
CE Approved Toys and Equipment	
Children's Snacks and Refreshments	
Activities (please specify)	
Training	
Other items (give details below)	

**Total** \_\_\_\_\_ € \_\_\_\_\_

**Closing Balance:** \_\_\_\_\_ € \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer/Committee Member

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



## CONTACT FORM 2025

(Please return to Wicklow CCC immediately upon change of contact information)

To be completed in Block Capitals

<b>GROUP NAME:</b>	
<b>ADDRESS/AREA:</b>	
<b>CONTACT NAME (First Name Only):</b>	
<b>CONTACT DETAILS:</b>	<b>Mobile:</b>  <b>Email:</b>
<b>MEETING DAY(S) / TIMES:</b>	

*Please note, the CCCs use the above information to inform parents/guardians interested in the Parent and Toddler Groups within their local community. These details will also be shared with the Department of Children, Equality, Disability, Integration, and Youth (DCEDIY) for the Parent & Toddler Groups gov.ie webpage as a reference tool.*

*If the contact person named above **does not** want their personal details to appear on the Parent and Toddler Group gov.ie webpage, an alternative monitored email address and/or phone number for the Group must be provided.*

**As the contact person for the \_\_\_\_\_ Parent and Toddler Group, I am happy to have my contact details published on the Parent and Toddler Group gov.ie webpage.**

**Signature of Contact Person:** \_\_\_\_\_

**If you do not want to share your personal contact details, please provide the Parent and Toddlers Group's alternative email address and phone number for the Parent & Toddler Group gov.ie website.**

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_