

APPLICATION FORM

Parent & Toddler Group Initiative Grants 2011

CLOSING DATE FOR APPLICATIONS FRIDAY MAY 27th 2011

[Please use block letters]

1. Name of Group:-

2. Address of Group:-

3. Name and details of two contact people (please include address, phone/mobile & email for each):-

Name:
Address:
Phone:
Mobile:
Email:

Name:
Address:
Phone:
Mobile:
Email:

4. Amount of grant being sought from Galway City/County Childcare Committee for Existing Group

€

5. Short description of what funding is being requested for:-

6. Detailed breakdown of costings for grant being sought:-
(e.g. €450 being sought - €200 for books, €250 for equipment)

€

7. Annual cost of running the group:-

€

8. How often does the group take place?

9. Do you charge participants?
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.GCCCC, HSE, local fundraising, other)

Funding Agency	Amount €

12. If funding was received from GCCCC in the past year (2010) have you returned your Progress Report?

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. What agencies provide support to the group (e.g. City/County Childcare Committee, HSE, National Voluntary Childcare Organisations (NVCOs), other)?

20. Are you a member of the IPPA or another National Voluntary Childcare Organisation? Please specify

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A
Annual Income and Expenditure Account 2010
 (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 2010

Parent & Toddler Fees 2010	
Fundraising 2010	
Grants Rec'd in 2010	
KHF	
HSE	
Other (please specify)	

Total

_____ € _____

Expenditure 2010

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

Total

_____ € _____

Closing Balance:

_____ € _____

Signed: _____

Date: _____

Treasurer/Committee Member-_____

INFORMATION ABOUT THE PARENT & TODDLER GROUP

Please provide information under the following headings (may be attached on a separate sheet if preferred) :

1. Brief description of the Parent & Toddler Group
2. Description of the area in which the Parent & Toddler Group is located
3. Describe the benefits the grant would make to the group
4. Any additional information which may be of relevance to the application

Signed (Chairperson or committee member)

Date _____

Return completed form to:-
Grants for Parent & Toddler Groups
Galway City & County Childcare Committee
9b Liosban Retail Centre
Tuam Road
Galway
Tel: 091 752039 Fax: 091 735701
Email: mail@galwaychildcare.com Website: www.galwaychildcare.com

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

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