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| **CCI**MCCC Logo | |  | |
| ***APPLICATION FORM*** | |

**Parent & Toddler Group Initiative Grants**

[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.**

1. **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:**

1. **Contact name and number for the group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **Amount of grant being sought from City/Childcare**

**€**

**Committee (to a limit of €1,000 new groups: €800 existing groups)**

1. **Detailed breakdown of costings for grant being sought:- (Example: €1,000 being sought; €200 toys, €200 insurance, €200 training, €200 rent, €200 equipment)**

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1. **Annual cost of running the group: -**

**€**

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

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1. **Do you charge participants? Yes\_\_\_ ⁭NO\_\_\_\_**

**€**

**If yes, what is the charge per session?**

1. **Do you pay an annual rent for premises?**

**€**

**If yes, how much and to whom is rent paid?**

**Funding Agency**

**Amount €**

1. **Details of funding received in the past year: -**

**(e.g. CCC, HSE, local fundraising, other)**

1. **If funding was received from Mayo Co Childcare Committee**

**in 2018 have you returned your Progress Report?**

**(If ‘NO’ please forward this Report immediately) YES NO**

1. **Details of unsuccessful funding applications in the past**

**Funding Agency**

**Reason**

**Year:**

**(please give reason):**

**Funding Agency**

1. **What other agencies have you applied to for future**

**funding?**

1. **When was the Parent & Toddler Group formed?**
2. **On average how many adults attend the group each week?**
3. **On average how many children attend the group each week?**
4. **How many people are involved in the committee?**
5. **Name of the Insurance Company & Insurance Number**

**(Please enclose copy of Insurance)**

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