NB Please write name of group as it appears on bank/credit union/post office account.

*Please use block letters*

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. Name and contact details of person responsible for compliance with the HSE / HPSC guidance.

|  |
| --- |
| Name:Phone:Email: |

6. Amount of grant being sought from City/Childcare

**€**

Committee (to a limit of €1,250 new groups: €800 existing groups)

7. 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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**€**

8. Annual cost of running the group:-

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**€**

10. Do you charge participants? Yes\_\_\_ ⁭NO\_\_\_\_

 If yes, what is the charge per session?

**€**

11. 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)

13. If funding was received from Laois CCC

 in 2020 have you returned your Progress Report?

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

14. Details of unsuccessful funding applications in the past Year:

**Funding Agency**

**Reason**

(please give reason):

**Funding Agency**

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

16. When was the Parent & Toddler Group formed?

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

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

19. How many people are involved in the committee?

20. Name of the Insurance Company & Insurance Number

 (Please enclose copy of Insurance)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **REMEMBER** | **The closing date is 10th September 2021** |

**Annual Income and Expenditure Account 20XX**

**(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 20XX |  |  | Expenditure 20XX |  |
|  |  |  |  |  |
| Parent & Toddler Fees 20XX |   |  | Rent |   |
| Fundraising 20XX |   |  | Heating |   |
| Grants Rec'd in 20XX |   |  | ESB |   |
|  ----------County Childcare Committee |   |  | Insurance |   |
|  HSE |  |  | Telephone |  |
|  Other (please specify) |   |  | Toys and Equipment |   |
|   |   |  | Snacks - tea & coffee |   |
|   |   |  | Activities (please specify) |   |
|   |   |  | Training |   |
|   |   |  |   |   |
|   |   |  | Other items |   |
|  |  |  |  |  |
| **Total** | € |  | **Total** | € |
|  |  |  |  |  |
| **Closing Balance:** |  | **€** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  Treasurer/Committee Member |  |  |  |  |

## 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)

2. Describe the benefits the grant made to the group

3. Any additional information which may be of relevance.

Signed (Chairperson or committee member)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## DATA PROTECTION DECLARATION

As soon as you contact Laois County Childcare Committee 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 and Pobal.

To give you an example of disclosure: Laois County Childcare Committee is required to give funded groups names and certain other data to the Department of Children, Equality, Disability, Integration and Youth and Pobal. The Department and Pobal, in turn, observe strict rules of disclosure that are registered with the Office of the Data Protection Commissioner. City/County Childcare Committee will adhere to its data protection policy.

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