

NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN MINI-GRANT INSTRUCTIONS

The National Association for the Education of Young Children (NAEYC) recognizes the dedication of facilities to improve quality through National Accreditation. The NAEYC Mini-Grant will assist with the Validation Fee on behalf of eligible applicants. Applicants that qualify for the Validation Fee through another source are not eligible for this mini-grant. **NAEYC grant recipients will be responsible for payment of the Initial Application Fee.**

ENROLLMENT LEVEL & VALIDATION FEE AMOUNT

The mini-grant pays the Validation Fee on behalf of eligible applicants. The cost of Accreditation varies, depending upon the number of children enrolled, (both part-time and full-time), in the program. Programs occupying different locations, even if administered by a central agency, must apply and must submit a mini-grant application for each separate program. For further information contact NAEYC:

National Association for the Education of Young Children (NAEYC)

ATTN: NAEYC Accreditation

1509 16th Street NW

Washington DC 20036-1426

Phone: (800) 424-2460, ext. 360 or (202) 232-8777; Fax: 202-328-1846; Web: <http://www.naeyc.org>

Please place a check mark next to the appropriate enrollment level for validation

ENROLLMENT	ON -SITE VISIT
<input type="checkbox"/> Level 1 (60 or fewer children)	\$650.00
<input type="checkbox"/> Level 2 (61 to 120 children)	\$775.00
<input type="checkbox"/> Level 3 (121 to 240 children)	\$950.00
<input type="checkbox"/> Level 4 (241 to 360 children)	\$1150.00

ELIGIBILITY REQUIREMENTS:

1. Program must be currently in operation and licensed by the Cabinet for Health and Family Services.
2. Payment of the initial application fee to NAEYC must be submitted prior to mini-grant authorization.
3. Program I.D. number must be obtained from NAEYC.

If you have questions regarding the Mini-Grant Application, contact your Professional Development Counselor



NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN MINI-GRANT APPLICATION

Check One: **Initial Accreditation** **Re-Accreditation** **FEIN** _____

Name of Program to be Accredited _____

Address of Program _____

City	State	Zip Code
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Phone Number _____ County _____

Director _____ Phone Number _____

Name of Program Administrator who will be the **primary contact person for the NAEYC Mini-Grant if different from the Director's name:**

Name _____ Phone Number _____

Address: _____

Date Application Fee submitted to NAEYC: Month/Day/Year _____

Amount of Application Fee submitted \$ _____

Customer ID Number, assigned to your center by NAEYC, is required in order to properly apply the Validation Fee payment to your account: _____

The Application Fee has not yet been submitted, but \$ _____ will be submitted on: _____

Programs must meet state licensing requirements to qualify for NAEYC Accreditation.

License number: _____ Issue Date: _____

Date licensed program began operation: Month/Day /Year _____ Hours of Operation _____ to _____

Date you plan to complete the Self-Study Materials and submit to NAEYC for the On-Site Validation Visit:
Month/Day/Year _____

I have carefully read the NAEYC Accreditation materials and understand my responsibilities. I believe that my program meets the requirements of the NAEYC mini-grant. I also believe my program will be able to meet NAEYC requirements for accreditation and will be ready for the Validation visit .All information provided on this form is true and correct.

Applicant Signature _____ Date _____

Return completed application to your Professional Development Counselor

