



Early Learning Coalition of the Nature Coast

Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Accreditation Mini-Grant Application

Part One – Due September 3, 2010

Amount Requested: _____

Early Learning Facility Name: _____ Date: _____

Owner/Director Name: _____ Email: _____

Facility Type: (circle one) Licensed Center License-Exempt Center Licensed FCCH

Address: _____

City/State/Zip: _____ County: _____

Telephone Number: _____ Fax: _____

Funds requested (may choose one or more, as appropriate):

- _____ Application to accrediting agency (first time accreditation)
- _____ Application to accrediting agency (renewal of accreditation/re-accreditation)
- _____ Accrediting agency membership, if applicable
- _____ Annual report fee (currently accredited facilities)

Accrediting Agency: _____

Required documentation attached (as appropriate):

- _____ Completed accreditation application form
- _____ Receipt for fees already paid (if applicable)
- _____ Completed application form for membership renewal
- _____ Documentation regarding the annual report (if applicable)

Please send completed application and documentation to the ELC office for your county:

Main Office
 1564 N Meadowcrest Blvd
 Crystal River, FL 34429

Chiefland Office
 212 N Main St
 Chiefland, FL 32626

Bushnell Office
 114 Jumper Dr North
 Bushnell, FL 33513

By my signature below, I acknowledge that I may be required to return funds and/or materials if my program does not complete successfully complete the accreditation process within two years after receiving reimbursement for verification fee and purchases or services.

Applicant's Signature

Date

For Coalition use only

Received by: _____ Date submitted: _____