



Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Accreditation Mini-Grant Application

Part One – Due September 4th

Amount Requested: _____

Early Learning Facility Name: _____ Date: _____

Owner/Director Name: _____ Email: _____

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

Age groups served: _____ Birth to two _____ Three to five _____ School-age

Address: _____ Capacity: _____

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

Please send completed application and documentation to:

Citrus County
ELC of the Nature Coast
1564 N Meadowcrest Blvd
Crystal River, FL 34429

Tri-County
ELC of the Nature Coast
122 N Main St
Chiefland, FL 32626

Sumter County
ELC of the Nature Coast
114 N Jumper Dr
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

Received by: _____	Date submitted: _____
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