



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

Accreditation Mini-Grant Application
Part Two – Due March 1st

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):

_____ Verification/validation fees (when ready for visit by accrediting agency)

_____ Materials or equipment needed to meet the requirements of the accrediting agency

Accrediting Agency: _____

Required documentation attached (as appropriate):

_____ Completed verification visit application (if verification/validation fees are requested) and proof of payment (if applicable)

Applicant Goals: Describe the weaknesses identified through your self-study activities and how the equipment/materials requested will assist your facility in meeting the requirements of your accrediting agency. If your facility is ready for the validation visit, please indicate when you expect the visit to occur. Include a list of materials to be purchased, including prices. Note: Reimbursement can be made for shipping charges but NOT sales tax.
