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

<table>
<thead>
<tr>
<th>ENROLLMENT</th>
<th>ON-SITE VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 (60 or fewer children)</td>
<td>$650.00</td>
</tr>
<tr>
<td>Level 2 (61 to 120 children)</td>
<td>$775.00</td>
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<tr>
<td>Level 3 (121 to 240 children)</td>
<td>$950.00</td>
</tr>
<tr>
<td>Level 4 (241 to 360 children)</td>
<td>$1150.00</td>
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</tbody>
</table>

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

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

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