



## FUNDING REQUEST

These funds are available via reimbursement **ONLY**<sup>1</sup>. Programs should indicate the full fee(s) for which they are applying for reimbursement. Support may be provided for one or more fees indicated below.

Self-Study Fee (Step 2) Paid: \$	Accreditation Fee (Step 3) Paid: \$
Letter of Intent Fee (Step 4) Paid: \$	Application Submission Fee (Step 5) Paid: \$

Endorsement Visit Fee Paid: \$

Has this program been funded by CCAC/AFP for (NAA or NAEYC) accreditation fees previously?  Yes  No

Please provide the specific program/agency/center name & address to be used for reimbursement checks. This name must match the organization name on the IRS W-9<sup>2</sup>.

Program/Center Name:	
Address:	
Town:	Zip Code:

<sup>1</sup> Please note that each reimbursement request must be accompanied by appropriate documentation for each expense item. Acceptable documentation includes cancelled checks (copies of both sides), and/or bank statements.,  
<sup>2</sup> A [COMPLETED IRS W-9](#) MUST BE ATTACHED.

**Please refer questions to Deb Flis, 800-832-7784 x 3908.**

## NAA Accreditation Eligibility Guidelines

NAA Eligibility:  
 Each step of the NAA accreditation process has minimum requirements. Please consult <http://www.naaweb.org/pdf/ApplicationMinimumRequirements.pdf> for more information.

### CCAC/AFP Office use only

<p style="text-align: center;"><b>Self-Study</b></p> <p>Amount: Paid to: <input type="checkbox"/> Program  <input type="checkbox"/> NAA                  Date Processed:</p>	<p style="text-align: center;"><b>Accreditation Fee</b></p> <p>Amount: Paid to: <input type="checkbox"/> Program  <input type="checkbox"/> NAA                  Date Processed:</p>
<p style="text-align: center;"><b>Letter of Intent Fee</b></p> <p>Amount: Paid to: <input type="checkbox"/> Program  <input type="checkbox"/> NAA                  Date Processed:</p>	<p style="text-align: center;"><b>Application Submission</b></p> <p>Amount: Paid to: <input type="checkbox"/> Program  <input type="checkbox"/> NAA                  Date Processed:</p>
<p style="text-align: center;"><b>Endorsement Visit</b></p> <p>Amount: Paid to: <input type="checkbox"/> Program  <input type="checkbox"/> NAA                  Date Processed:</p>	

# Application Authorization

I hereby apply for the accreditation fees for the above referenced program to be funded by the State Department of Social Services through the Connecticut Charts-A-Course Accreditation Facilitation Project.

Program Administrator (*print name*):

Title:

Signature:

Date:

Program Contact Person (*print name*):

Title:

Signature:

Date: