

# Quality Recognition Seeking: National Afterschool Association (NAA) Accreditation Annual Report Fee

This application requests funds to maintain NAA accreditation through assistance with the annual report fees.

For more information on NAA accreditation call or write:

## National Afterschool Association

PO Box 34447

Washington D.C. 20043

888-801-3622 or [www.naaweb.org](http://www.naaweb.org)

*Important! Quality Recognition Seeking Grants are only awarded to programs that are in good regulatory standing with CDD.*

For State Use Only	
Date Received: _____	Invoice #: _____
Reviewed/approved: _____	Date: _____
Payment entered by: _____	Date: _____
License check: _____	
Application # _____	Agreement #: _____
Program Manager Approval/Denial	
<input type="checkbox"/> Approved: \$ _____	<input type="checkbox"/> Denied
Signature: _____	Date: _____

## Contact Person

Heather Mattison

802-241-4551

800-649-2642 ext. 4551

[heather.mattison@ahs.state.vt.us](mailto:heather.mattison@ahs.state.vt.us)

## Application Deadline

By the first of any month

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Program Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Program Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Vermont License Certificate Number \_\_\_\_\_

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Total Number of children you currently serve: \_\_\_\_\_

Amount of funds requested: \_\_\_\_\_

Accredited since: \_\_\_\_\_

Accreditation Expiration: \_\_\_\_\_



## Quality Recognition Seeking: National Association for the Education of Young Children (NAEYC) Accreditation Fees

### On separate paper, describe:

- List the program's desired outcomes resulting from reaccreditation and the benefits experienced as an accredited center.
- Actions taken to date in your program to work towards the outcomes listed above.

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I certify that the information contained in this application is true and correct; this program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin. I also certify that within the past 12 months all regulatory violations are corrected, no "Parental Notification Letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make 3 copies of your complete application\*. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application!

**Child Development Division**  
**ATTN: Linda Clark**  
**103 South Main Street, 2 North**  
**Waterbury, Vermont 05671-2901**  
**Phone: 802-241-1215 or 800-649-2642 ext. 1215**  
**Email: linda.clark@ahs.state.vt.us**

\* Complete means all the required enclosures and attachments are included with each application.