

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

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

Application Deadline

By the first of any month

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 _____

Total Number of children you currently serve: _____

Amount of funds requested: _____

Accredited since: _____

Accreditation Expiration: _____



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On separate paper, describe:

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

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