

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE – Maryland EXCELS
 200 West Baltimore Street, 10TH Floor • Baltimore, Maryland 21201

APPLICATION FOR ACCREDITATION SUPPORT
MARYLAND PROGRAM ACCREDITATION

INSTRUCTIONS: Complete all information requested on this application form in the spaces provided and mail with all documentation to the above address. **Incomplete applications will be returned.**

FACILITY INFORMATION (Please print or type) **ALL INFORMATION IS REQUIRED**

Federal Tax ID#: _____ License# _____
 (required)

Center Name _____ # of children enrolled in program: _____

Street Address: _____ Apt. # (if applicable) _____ City _____ Zip Code _____

Contact Name: _____
 Last First Middle

Phone #: _____ E-mail _____

APPLICATION AND PAYMENT INFORMATION:

Requirement	Required Documentation
Receipts for all items you are requesting for reimbursement.	<ul style="list-style-type: none"> Completed Instructional Materials Checklist Proof of payment. Receipt/Invoice/Packing Slip must indicate: vendor name, date of purchase, item description and cost (Unreadable receipts will be returned)
Program Improvement Visit	<ul style="list-style-type: none"> Completed Program Improvement Visit – Program Improvement Visit must be completed prior to submission of support application
Accreditation Work Plan	<ul style="list-style-type: none"> Program Improvement Plan – Identifying accreditation indicators rated “Not Met” and/or “Partially Met” Task Required & Timeline for completion of accreditation process

CLASSROOM LEARNING MATERIALS CHECKLIST

	Reimbursement Amount	Total Amount of Requested Reimbursement: \$ _____
Infant/Toddler	\$ _____	
Preschool	\$ _____	
School-Age	\$ _____	

Statement and Agreement

All information in this application is true and accurate to the best of my knowledge. I have not received nor have I applied for program accreditation funds from any other source. I understand that any false reporting will result in the application being rejected. I further understand to be eligible to receive funding through an accreditation support award I must:

- Have completed a Program Improvement Visit.
- Submit a Program Improvement Plan.
- Pursue and complete Maryland Program Accreditation through MSDE.

Applicant's Signature (**Must be signed in BLUE INK**) _____ Date _____

OCC 279 (revised 01/2016) - All previous editions are obsolete.