

**Children's Services Council of Martin County (CSCMC)**

**SUPPORT PROGRAM FUNDS**

**ACCREDITATION ASSISTANCE**

**FUND REQUEST FORM INSTRUCTIONS**

Accreditation Assistance Fund Request Forms can be obtained from the CSCMC website, [www.cscmc.org](http://www.cscmc.org), under Other Funds Available, or at the CSCMC office.

**Mail or deliver Fund Request Form to:**  
Children's Services Council of Martin County  
2030 S.E. Ocean Boulevard  
Stuart, FL 34996-3304  
**or by Fax:** (772) 288-5799  
**(Telephone: 772-288-5758)**

**POLICY:**

- (1) CSCMC Accreditation Assistance Funds are available to assist eligible Early Childhood Education and Care Programs with attaining National accreditation and/or a Gold Seal from the State of Florida. These funds are granted to childcare organizations that require financial **assistance with the fees** associated with the self-study process in preparation for national accreditation.
- Funds are awarded through individual application to CSCMC.
- All Early Childhood Education and Care Center based programs that are contracted with the Early Learning Coalition of Indian River, Martin and Okeechobee Counties, Inc. (ELCIRMO) are eligible to apply.
- Accreditation Assistance Funds and Child Care Enhancements Funds are available all year on a first come, first served basis.
- CSCMC approval requires that organizations receiving Funds submit proof of payment within 60 days after the expense is incurred, or no later than September 1, whichever occurs first.

**REQUEST FORM INSTRUCTIONS:** Incomplete request forms will not be processed.

- **Provide:** all contact information as listed on the form.
- **Request:** Provide information related to achieving accreditation. (i.e., Name of Accreditation body, the Center's plan for achieving accreditation.
- **Objective:** Indicate what step the Center is in the accreditation process. If the Center is just beginning the self-study process provide a month-by-month timeline listing the tasks necessary for attaining accreditation.
- **Reason for Request:** Are there any other sources of funds available to assist in paying for this request? (e.g. organization's budget, other funders, fees)
- **Amount Requested:** Provide the total amount requested from CSCMC only. Attach a budget narrative, clearly identifying all expenses for which you are requesting reimbursement from CSCMC.
- **Signature:** This request must be signed by a person authorized to sign documents for the organization. Include person's title and signature date.