

Indiana Accreditation Project Application for Technical Assistance

Return All Materials To:
IN AEYC, 2955 North Meridian Street, Ste. 120, Indianapolis, IN, 46208
Fax: 317.259.9489
Email: accreditation@iaeyc.org

Contact Information

Owner/Licensee Name: _____

Email Address: _____ Phone: _____

Accreditation Contact Person (if different): _____

Email Address (if different): _____ Phone (if different): _____

Facility License/Registration/Exemption Number: _____

Certification Statements and Assurances

As a condition for financial or technical assistance from the Indiana Accreditation Project, the Early Care and Education Facility Owner/Administrator must meet the assurances listed below. Failure to comply with the may lead to a loss of financial support.

1. I assure that the information included in national accreditation application is true and correct.
2. I assure that all future required information and documents will be submitted to Indiana Association for the Education of Young Children (Indiana AEYC) 30 days before it is due to the accrediting body.
3. I assure that to the best of my knowledge, the facility meets the eligibility criteria for funding.
4. I assure written notification will be provided to Indiana AEYC of any change related, but not limited to: ownership, management, administration and continuation of business; investigations, citations or complaints involving state licensing; ability to meet accrediting body criteria; and/or Paths to QUALITY™ status.
5. I understand that Indiana AEYC is not responsible for the facility's accreditation status.
6. I assure that funds provided will not be used to satisfy a financial commitment for services that would have been paid from another public or private source.
7. I understand that Indiana AEYC will not provide financial support for fees required for national accreditation relating to membership, deferral, late or extension fees. Additionally, the project will not financially support any required fees for any early childhood program at-risk of going out of business.

Owner/Licensee of Facility or Agency

Date