VENDOR INVOICE

Accreditation Expense Reimbursement

Please complete the following:	
Date Invoiced:	**MN Child Care License #:** **County:**
Remit payment to (please print address): _____ _____ _____	**Number of children served:** **Age range of children served:**
Contact Person:	**Telephone:** **E-Mail:**
Address of accredited facility or home location if different from above: _____ _____ _____	DHS Authorization _____ RQ/PO Number _____ Vendor Number _____ Fund _3000_ Agency _H55_ FinDeptID _H55EB31678_ AppropID _1095__ **(Please don't write in this space - for state agency use only)**

Check one:	Description
☐	**Child Care Center Accreditation Reimbursement Request**
☐	**School-Age Care Program Accreditation Reimbursement Request**
☐	**National Association for Family Child Care Accreditation Reimbursement**

Complete the following:	
Total Direct Cost:	
Amount to be Reimbursed (1/2 Total Direct Cost) :	
Minnesota Tax Identification # :	
Federal Tax ID # or Social Security # :	
Minnesota State Vendor ID # :	

Signature:	Attach the following documents:	Submit to:
I hereby certify that the services and expenses listed hereon have been rendered or incurred and are correct and just and payment has not been received. **Authorized signature:** _____	☑ a Copy of the Billing Invoice and Payment Receipt for Each Accreditation Step ☑ a Copy of the Accreditation Certificate ☑ a Copy of the MN Child Care License	**MN Department of Human Services** **Child Development Services** **P.O. Box 64962** **St. Paul, MN 55164-0962** **Attention: Fred Fuhrmann**

Please see Guidelines on pages 2 and 3.0000000000000000000000000000000000000000000

GUIDELINES

Minnesota Statutes, Chapter 119B, authorizes the Commissioner to reimburse licensed child care centers, school-age care programs and family child care providers for one-half of the direct costs of accreditation fees. Guidelines for reimbursement are described below.

Child Care Center Accreditation	School-Age Care Programs Accreditation	Family Child Care Accreditation
Child care centers that provide proof of accreditation or accreditation renewal by the following organizations will be reimbursed for one-half of the direct cost of accreditation.	School-age care programs that provide proof of accreditation or accreditation renewal by the following organizations will be reimbursed for one-half of the direct cost of accreditation.	Family child care programs that provide proof of accreditation or accreditation renewal by the following organization will be reimbursed for one-half of the direct cost of accreditation.
National Association for the Education of Young Children (NAEYC)	Council on Accreditation/National After School Association (NAA)	National Association for Family Child Care (NAFCC)
National Early Childhood Program Accreditation (NECPA)	Minnesota Afterschool Accreditation Project (MAAP)	
Council on Accreditation (COA) – Early Childhood Education (ECE) Program Accreditation		
National Accreditation Commission (NAC) for Early Care and Education Programs Accreditation		
AdvancED – Early Learning Accreditation		
Green Apple Accreditation of Children's Services (GAACS) – Early Education Center (EEC) Accreditation		
Accredited Professional Preschool Learning Environment (APPLE), Florida Association for Child Care Management (FACCM)		
National Head Start Association (NHSA) Performance Excellence and Quality Recognition Program		
American Montessori Society (AMS)		
Association of Montessori International-USA (AMI)		
Association of Christian Schools International (ACSI) Accreditation		
National Lutheran School Accreditation (NLSA)		

IN ORDER TO BE REIMBURSED, PROGRAMS MUST SUBMIT:		
☐ a Department of Human Services **Vendor's Invoice**; ☐ a copy of the billing invoice and payment receipt for each accreditation step; ☐ a copy of the certificate providing proof of accreditation and dates. ☐ a Copy of the MN Child Care License.	The **Vendor's Invoice** must include • the name of the program, • MN Child Care License number, • contact person, • address, • telephone number, and • Federal and State Tax Identification numbers, • Minnesota State Vendor ID number.	**Submit to:** Fred Fuhrmann MN Department of Human Services Child Development Services P.O. Box 64962 Saint Paul, MN 55164-0962 651-431-3865 Fax 651-431-7483 fred.fuhrmann@state.mn.us

To be eligible for reimbursement, Accreditation expenses must be submitted within one calendar year from the Date of Accreditation or Accreditation Renewal.

Please see **Vendor's Invoice** on page 1.