

Fee Invoice for NAFCC Accreditation

Please complete this form and mail it to:

Maine Roads to Quality Professional Development Network Attn. Eric Norgaard USM/Muskie School of Public Service PO Box 9300 Portland, ME 04104 *or scan and email to eric.norgaard@maine.edu

Program Information:

Program Name:		
Program License #: _		
Contact Person:	# of Children:	
Address:		
Town:	Zip:	
Phone:	Email:	
Fee Requested (Plea	ase Check Only One):	
Check One	<u>Step</u>	MRTQ PDN Funding
	Enrollment/Self-Study	\$200
	Application	\$400
	Annual Update Year 1	\$150
	Renewal Year 3	\$400
to attach to your NAF paying the designated	CC documentation. The letter wi	rou will receive a letter from MRTQ PDN ill alert NAFCC that MRTQ PDN is fee. Your program is responsible for any ninder with your documentation.
Family Child Care O	wner Signature:	
I certify that the inform	nation on this form is accurate to	o the best of my knowledge.
Signature:		Date:
MRTQ Signature:		
MRTO PDN Facilitato	r Signature	