



Southeast Education Professionals Partnership

NAEYC/NAFCC/ COA Fee Reimbursement Request Form

- Please note**
- ▶ This form is for fees incurred between 7/1/2012 and 6/30/2013.
 - ▶ Funding is provided by a grant from the Dept. of Early Education and Care. Request will be processed in the order of their receipt by the CACCI/CCN office. All reimbursements are based upon available funding.
 - ▶ Documentation is required for reimbursement. A program must supply a copy of the cancelled check, credit card statement or other type of receipt of payment.
 - ▶ CACCI/CCN may request that a program supply documentation of the reimbursable activity such as a copy of the application or annual report for review.

Complete below:

Request Date _____

Program Name _____ QRIS Level _____

Site Address _____

Email _____ Phone _____

Contact Person _____

Email _____ Phone _____

Reimbursement to be issued to _____

Program # _____ QRIS Level _____

Contact Person (if different from above) _____

This Agency/Person Is (Please Check One):

_____ Non Profit _____ For Profit _____ Family Child Care Provider

Mailing Address _____

Email _____ Phone _____

Fax # _____ TIN (Tax #) _____

For CCN office use only:

Date received _____ Date reviewed _____

Approved YES NO If NO: _____

Date submitted for reimbursement _____

Southeast Education Professionals Partnership (SEPP)
c/o CACCI/Child Care Network
372 North Street Hyannis, MA 02601
508-778-9470 or 1-888-530-2430
508-775-3710 (fax)

Please check if your agency has received funding for these fees from the following:

_____ MA EEC Universal PreK funds
_____ MA EEC QRIS Quality Improvement Grant
_____ Other (please specify) _____

Amount paid to credentialing organization _____

Amount of reimbursement requested from SEEPP _____

Please briefly state your current status (i.e. "I submitted candidacy on 11/15/12 and plan to ...")

Request for reimbursement for fees paid between July 1, 2012 – June 30, 2013 must be submitted
NO LATER THAN JUNE 15, 2013.

A completed request form can be mailed, emailed or faxed to CACCI/CCN
(Attn: Maile Castillias).

If you have questions, please contact Maile Castillias or Beth Gaffney
Street address, telephone, and fax information are below.

Email address is mailec@cacci.cc

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Southeast Education Professionals Partnership

CDA Fee Reimbursement Request Form

- Please note**
- ▶ This form is for fees incurred between 7/1/2012 and 6/30/2013.
 - ▶ Funding is provided by a grant from the Dept. of Early Education and Care. Request will be processed in the order of their receipt by the CACCI/CCN office. All reimbursements are based upon available funding.
 - ▶ Documentation is required for reimbursement. An educator (or program submitting for an educator) must supply a copy of the cancelled check, credit card statement or other type of receipt of payment.
 - ▶ CACCI/CCN may request that a program supply documentation of the reimbursable activity such as a copy of the application or annual report for review.

Complete below:

Request Date _____

Educator Name _____

PQ Registry # _____

Site Address _____

Email _____

Phone _____

Contact Person _____

Email _____

Phone _____

Reimbursement to be issued to _____

Program # _____

QRIS Level _____

Contact Person (if different from above) _____

This Agency/Person Is (Please Check One):

_____ Non Profit

_____ For Profit

_____ Family Child Care Provider

Mailing Address _____

Email _____

Phone _____

Fax # _____

TIN (Tax #) _____

For CCN office use only:

Date received _____ Date reviewed _____

Approved YES NO If NO: _____

Date submitted for reimbursement _____

Southeast Education Professionals Partnership (SEPP)/o CACCI/Child Care Network
372 North Street Hyannis, MA 02601
508-778-9470 or 1-888-530-2430
508-775-3710 (fax)

Please check if your agency has received funding for these fees from the following:

_____ MA EEC Universal PreK funds
_____ MA EEC QRIS Quality Improvement Grant
_____ Other (please specify) _____

Amount paid to Council for Professional Recognition _____

Amount of reimbursement requested from SEEPP _____

Please briefly state your current status (i.e. "I submitted candidacy on 11/15/12 and plan to ...")

Request for reimbursement for fees paid between July 1, 2012 – June 30, 2013 must be submitted
NO LATER THAN JUNE 15, 2013.

A completed request form can be mailed, emailed or faxed to CACCI/CCN
(Attn: Maile Castillias).

If you have questions, please contact Maile Castillias or Beth Gaffney
Street address, telephone, and fax information are below.

Email address is mailec@cacci.cc

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