



**PLEASE COMPLETE ALL ITEMS, PRINTING LEGIBLY –
ILLEGIBLE INFORMATION MAY DELAY OR PREVENT APPROVAL**

Legal Business Name of Center or Home: _____

Physical Location Address: _____

Mailing Address (if different): _____

Telephone Number: _____

Division of Child Development (DCDEE) Facility License Number: _____

Current Licensing Star Rating: _____

Other Nationally Recognized Accreditation (if not using star rating system): _____
(Please provide proof of accreditation in the form of a current certificate or other official document)

Federal Employee Identification Number or Social Security Number: _____

Facility Fiscal Year (i.e.: July 1 - June 30, Jan 1 - Dec 31, or other): _____

Center/Home Owner: _____

Director Name (as listed with DCDEE): _____

Director Email Address: _____

Assistant Director Name (if applicable): _____

Name/Title of Person Authorized to Enter into Contracts/Agreements: _____
(This should be one individual on behalf of all facilities sharing a single tax identification number)

Mailing Address for Payments: _____
(This should be one address for all facilities sharing a single tax identification number)

CERTIFICATION AND SIGNATURE

I certify that all of the above reported information is accurate and complete and is subject to verification, audit, and monitoring by Buncombe County Partnership for Children or its representatives.

Name of Person Completing Form: _____

Title of Person Completing Form: _____

Signature of Person Completing Form: _____

Date: _____