



**STATE OF FLORIDA  
 AMENDMENT TO THE STATEWIDE SCHOOL READINESS  
 PROVIDER CONTRACT  
 Form OEL-SR 20A**

**I. General Amendment Information**

<b>Amendment Number:</b>	
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**II. Parties and Terms of Contract Amendment**

This AMENDMENT to the Statewide School Readiness (SR) Provider Contract is entered into between the Early Learning Coalition of \_\_\_\_\_ and \_\_\_\_\_, SR provider (PROVIDER).

WHEREAS, on <Contract start date>, the Early Learning Coalition of \_\_\_\_\_ entered into the Contract with this PROVIDER to provide SR services; and

WHEREAS, PROVIDER OR COALITION desires to amend this Contract to replace, delete, or supplement one of the following provisions of the existing Contract; and

WHEREAS, the Early Learning Coalition of \_\_\_\_\_ agrees to amend the Statewide SR Provider Contract as indicated in Section III.

**III. Amendments**

The Contract is hereby amended to replace the following as noted below (check each applicable box for the modified term(s)).

**Doing Business As Name (DBA).** The deleted DBA name is:

\_\_\_\_\_.

**The replacement DBA name is:**

\_\_\_\_\_.

**Reason for modification:**

\_\_\_\_\_.

**Location of the Provider’s Principal Office (1).** The deleted address is:

\_\_\_\_\_.

**The replacement address is:**

\_\_\_\_\_.

**Reason for modification:**

\_\_\_\_\_.

**Adding or Deleting Provider Locations Listed on Exhibit 1.**

\_\_\_\_\_.

**The added/deleted location(s) is and address(es):**

\_\_\_\_\_.

**Reason for modification:**



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**Curriculum (15).** The state-approved curriculum will now be:

\_\_\_\_\_.

with the edition date of: \_\_\_\_\_.

**Character Development Program (16).**

\_\_\_\_\_.

with the edition date of: \_\_\_\_\_.

**Change in Signature Authority.** The removed signature authority is:

\_\_\_\_\_.

**The replacement signature authority is:**

\_\_\_\_\_.

**Reason for modification:**

**Change in PROVIDER’S exemption from Program Assessment Requirements.**

**Reason for modification:**

\_\_\_\_\_.

**Change in PROVIDER’S eligibility for the Contracted Slots Program.**

**Reason for modification:**

\_\_\_\_\_.

**Change in PROVIDER’S Quality Improvement Plan.**

**Reason for modification:**

\_\_\_\_\_.

**Reimbursement Rates Established (40).** COALITION is replacing its original documentation of its established COALITION approved reimbursement rates included in Exhibit 5 with amended COALITION reimbursement rates on the attached and incorporated revised Exhibit 5.

**Number of Holidays (47).** Early Learning Coalition modifies the approved number of holiday days per year from \_\_\_\_ days to \_\_\_\_ days as amended in Exhibit 6, Holiday Schedule, which has been attached to and incorporated in this Amendment.

**Contact Persons (70).** The new contact person is: <name, telephone number and email> who replaces <name> as contact for <early learning coalition or PROVIDER>.



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**Gold Seal Status** (Exhibit 2, number 2.). Provider has \_\_\_GAINED or \_\_\_LOST its Gold Seal designation for \_\_\_birth to 5 or \_\_\_school age and has attached to this Amendment a copy of documentation of this change in status.

**Liability Insurance** (Exhibit 2, number 3.) PROVIDER has CHANGED its liability insurance carrier from \_\_\_\_\_ to \_\_\_\_\_, effective on \_\_\_\_\_ and has attached to this Amendment evidence of this new coverage.

**Provider Reimbursement Rates** (Exhibit 5). PROVIDER has modified its Private Pay Rates or Operational Hours and has attached and incorporated in this Amendment the revised Exhibit 5: Provider Reimbursement Rates. The Early Learning Coalition has completed the remaining sections of Exhibit 5 (COALITION Maximum Reimbursement Rates and the Approved PROVIDER Reimbursement Rate) and entered the new Effective Date as referenced on the Exhibit prior to attaching the revised Exhibit 5 to this Amendment.

**Holiday Schedule** (Exhibit 6). PROVIDER has modified its Holiday Schedule with respect to either the Holiday observed or the Date observed and has attached and incorporated in this Amendment the revised Exhibit 6: Holiday Schedule.

**IV. Execution of Amendment**

The effective date of the Amendment shall be the date that it is signed by both parties. All provisions in the contract and any attachments/exhibits in conflict with this amendment shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with this Amendment are still in full force and effect in accordance with its terms and are to be performed at the level and in the manner specified in the contract.

IN WITNESS WHEREOF, the parties have caused this <total number of pages> page Amendment to be executed by their proper and duly authorized representatives.

**Warranty of Authority.** Each person signing this Amendment warrants that he or she is dually authorized to do so and to bind the respective party to the amendment.

Early Learning Coalition of \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

Effective Date of Amendment:



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<Name of SR Provider as it appears on Original Contract>

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of President/Vice President/  
 Secretary/Officer/Owner/Principal/or Other  
 Authorized Representative**

By Electronic Signature

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider's Additional Signatory (If required by the  
 Provider)**

By Electronic Signature

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorized Coalition Representative**

By Electronic Signature

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**