

STATE OF FLORIDA AMENDMENT TO STATEWIDE VOLUNTARY PREKINDERGARTEN PROVIDER CONTRACT Form DEL-VPK 20A

I. General Amendment Information

		==,		
Amendment Number:				
II. Parties and Terms of Co Γhis amendment to the State Early Learning Coalition (Co (PROVIDER).	wide Voluntary Prekinde			
WHEREAS, on VPK services; and	_ COALITION of	entered into	the Contract with Pl	ROVIDER to provide
WHERAS, PROVIDER desprovisions of the existing Co		ct to replace, delete,	or supplement one o	f the following
WHEREAS, COALITION o	of agrees	to amend the Contra	act as indicated in Se	ection III.
III. Amendments				
The Contract is hereby amenderm(s).	nded to replace the follow	ring as noted below (check each applicable	le box for the modified
☐ Location of the Provider	's Principal Office. The	deleted address is:	;	
Γhe replacement address is:				
Reason for modification:				·
☐ A family day care ☐ A large family chil ☐ A nonpublic schoo Quality Care designat 1002.55(3)(b)1., F.S. ☐ A faith-based child	ation to DEL-VPK 20PI y licensed under s. 402.30 home licensed under s. 402 ld care home licensed under le exempt from licensure un tion under s. 1002.945 F.S l care provider exempt from the designation under s. 100	5, F.S. 2.313, F.S. er s. 402.3131, F.S. nder s. 402.3025(2), F., or accredited by an m licensure under s. 4	F.S., that also either he accrediting associatio	olds a current Gold Seal on under s. o either holds a current
The new provider type selecte	ed is:			

Rule 6M-8.301, F.A.C. Effective February 2023

☐ A child care facility licensed under s. 402.305, F.S.	
☐ A family day care home licensed under s. 402.313, F.S.	
☐ A large family child care home licensed under s. 402.3131, F.S.	
☐ A nonpublic school exempt from licensure under s. 402.3025(2), F.S., that also either holds a Quality Care designation under s. 1002.945 F.S., or accredited by an accrediting association und 1002.55(3)(b)1., F.S.	
☐ A faith-based child care provider exempt from licensure under s. 402.316, F.S., that also eith Gold Seal Quality Care designation under s. 1002.945 F.S., or accredited by an accrediting asso 1002.55(3)(b)1., F.S.	
Reason for modification:	
☐ Additional Provider Location. (Modification to DEL-VPK 20, Exhibit 1). The information for nonpublic VPK site or public school being added to the Provider Location List is as follows:	the additional
A. Location Number (optional)	
B. Location Legal Name	
C. Doing Business As Name (if applicable)	
D. Physical Address E. Employer Identification Number (EIN)	
F. School Year (Y/N)	
G. Summer (Y/N)	
Updated Provider Location List in the format described in Exhibit 1 must be attached.	
Reason for modification:	
☐ Removal of a Provider Location. (Modification to DEL-VPK 20, Exhibit 1). The information for a nonpublic VPK site or public school being removed from the Provider Location List is as	
H. Location Number (optional)	
I. Location Legal Name	
I. Location Legal Name J. Doing Business As Name (if applicable)	
K. Physical Address	
K. Physical Address L. Employer Identification Number (EIN)	
M. School Year (Y/N)	
N. Summer (Y/N)	
Updated Provider Location List in the format described in Exhibit 1 must be attached.	
Reason for modification:	
	<u>-</u>

☐ Advance Payment Election Change					
School-Year Program					
·	☐ PROVIDER elects to receive monthly advance payments for the school-year program and understands that advance payments will be reconciled and adjusted in accordance with the rules of the Division of Early Learning.				
☐ PROVIDER elects not to receive monthly ad	vance payments for the school-year program.				
or					
☐ PROVIDER does not intend to offer the scho	☐ PROVIDER does not intend to offer the school year program.				
Summer Program					
· · · · · · · · · · · · · · · · · · ·	☐ PROVIDER elects to receive monthly advance payments for the summer program and understands that advance payments will be reconciled and adjusted in accordance with the rules of the Division of Early Learning.				
☐ PROVIDER elects not to receive monthly ad	☐ PROVIDER elects not to receive monthly advance payments for the summer program.				
or	or				
☐ PROVIDER does not intend to offer the sum	☐ PROVIDER does not intend to offer the summer program.				
IV. Execution of Amendment					
The effective date of the Amendment shall be the date that it is sig and any attachments/exhibits in conflict with this Amendment sha Amendment. All provisions not in conflict with this Amendment its terms and are to be performed at the level and in the manner sp	Il be and are hereby changed to conform to this are still in full force and effect in accordance with				
Warranty of Authority. Each person signing this Amendment wand to bind the respective party to the Amendment.	earrants that he or she is duly authorized to do so				
Signature of President/Vice President/ Secretary/Officer/Owner/Principal/Other Authorized Representative □ By Electronic Signature	nt Name				
Title Date	te				
<u> </u>	nt Name				

Provider's Additional Signatory (If required by the Provider) ☐ By Electronic Signature	
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
	——————————————————————————————————————

3

^{*} Electronic signature: By providing this electronic signature, I attest that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I confirm that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature.