

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

I. General Amendment Information

Amendment Number:		
	wide Voluntary Prekinde	ergarten (VPK) Provider Contract is entered into between the, and, VPK provider
WHEREAS, on VPK services; and	COALITION of	entered into the Contract with PROVIDER to provide
WHERAS, PROVIDER des provisions of the existing Co		ct to replace, delete, or supplement one of the following
WHEREAS, COALITION o	of agrees	to amend the Contract as indicated in Section III.
III. Amendments		
The Contract is hereby amer term(s).	nded to replace the follow	ring as noted below (check each applicable box for the modified
☐ Location of the Provide	r's Principal Office. The	deleted address is:
The replacement address is:		·
Reason for modification:		·
☐ A child care facilit ☐ A family day care ☐ A large family chil ☐ A nonpublic school Quality Care designat 1002.55(3)(b)1., F.S. ☐ A faith-based child	y licensed under s. 402.30 home licensed under s. 402 ld care home licensed under s. ld exempt from licensure untion under s. 1002.945 F.S. I care provider exempt from	2.313, F.S.
1002.55(3)(b)1., F.S. The new provider type selected		2.5. 15 1.5., or accreated by an accreating association under s.

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 Quality Care designation under s. 1002.945 F.S., or accredited by an accrediting association u 1002.55(3)(b)1., F.S.	
☐ A faith-based child care provider exempt from licensure under s. 402.316, F.S., that also ei Gold Seal Quality Care designation under s. 1002.945 F.S., or accredited by an accrediting as 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:	
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 of a nonpublic VPK site or public school being removed from the Provider Location List is a H. Location Number (optional)	
I. Location Legal Name J. Doing Business As Name (if applicable)	
J. Doing Business As Name (if applicable)	
K. Physical Address L. Employer Identification Number (EIN)	
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:	
	

☐ Advance Payment Election C	hange				
School-Year Program					
understands that	☐ 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 rule of the Division of Early Learning.				
☐ PROVIDER	☐ PROVIDER elects not to receive monthly advance payments for the school-year program.				
or					
\square PROVIDER	does not intend to offer t	the school year program.			
Summer Program					
understands that	-	y advance payments for the summer program and be reconciled and adjusted in accordance with the rules			
☐ PROVIDER	☐ PROVIDER elects not to receive monthly advance payments for the summer program.				
or					
☐ PROVIDER	does not intend to offer	the summer program.			
IV. Execution of Amendment					
and any attachments/exhibits in a Amendment. All provisions not its terms and are to be performed	conflict with this Amendr in conflict with this Ame I at the level and in the ma person signing this Amend	t it is signed by both parties. All provisions in the Contraction ment shall be and are hereby changed to conform to this indirect and effect in accordance with anner specified in the Contract. In the Contract and effect in accordance with anner specified in the Contract.			
Signature of President/Vice Secretary/Officer/Owner/Pri Authorized Representative By Electronic Signature		Print Name			
Title		Date			
		Print 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
Title	 Date

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^{*} 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.