

STATE OF FLORIDA  
VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM  
APPLICATION FOR GOOD CAUSE EXEMPTION

**PROVIDER INFORMATION** - *The department must annually receive this application, including all supporting documentation listed below, by email to [vpkcompliance@del.fldoe.org](mailto:vpkcompliance@del.fldoe.org) no later than 14 calendar days after the most recent release of the performance metric designation.*

1. Provider Name: Type Provider Name.		
2. Provider ID: Type Provider ID.	3. Accountability ID: Type Accountability ID.	4. Provider Coalition: Type Coalition.

**REQUIREMENTS**

Provider must have met all the following criteria and must provide supporting documentation for each:

- Enrollment in the most recent program year of a statistically significant population of students with limited English proficiency as defined in Section (s.) 1003.56, Florida Statutes (F.S.), or a statistically significant population of children with disabilities as defined in s. 1002.51(2), F.S., who have individual educational plans or disabilities documented by a licensed health, mental health, education or social service professional other than the child’s parent or person employed by the provider, or a statistically significant population of a combination of both populations
- Improvement in at least two of the following components in the most recent program year when compared to the previous program year:
  - Achievement of children served
  - Learning gains of children served
  - Composite program assessment score
- Compliance with state and local health and safety standards as described in s. 1002.68(6)(b)3., F.S.

**PROVIDER CERTIFICATION**

By signing below, PROVIDER certifies that all information submitted by PROVIDER for its application for good cause exemption is true and correct.

\_\_\_\_\_  
VPK Director Print Name

\_\_\_\_\_  
VPK Director Signature

\_\_\_\_\_  
Signature Date

**COALITION ATTESTATION**

By signing below, COALITION certifies that PROVIDER above complied with VPK contract deliverables during the most recent program year in which the provider participated.

\_\_\_\_\_  
Coalition Executive Director Print Name

\_\_\_\_\_  
Coalition Executive Director Signature

\_\_\_\_\_  
Signature Date