



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

I. General Amendment Information

Amendment Number:	
--------------------------	--

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 _____ the Early Learning Coalition of _____ entered into the Contract with this PROVIDER to provide SR services; and

WHEREAS, PROVIDER 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)).

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

_____.

The replacement address is:

_____.

Adding or Deleting Provider Locations Listed on Exhibit 1.

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

_____.

Reason for modification:

_____.

Curriculum (13). The state-approved curriculum will now be:

_____.

Character Development Program (14).

_____.

with the edition date of: _____.



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

Reimbursement Rates Established (40). COALITION is replacing its original documentation of its established COALITION approved reimbursement rates included in Exhibit 3 with amended COALITION reimbursement rates on the attached and incorporated revised Exhibit 3.

Number of Holidays (47). Early Learning Coalition modifies the approved number of holiday days per year from ____ days to ____ days as amended in Exhibit 4, Holiday Schedule, which has been attached to and incorporated in this Amendment.

Contact Persons (70). The new contact person is: _____
who replaces _____ as contact for _____.

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 3). PROVIDER has modified its Private Pay Rates and has attached and incorporated in this Amendment the revised Exhibit 3: Provider Reimbursement Rates. The Early Learning Coalition has completed the remaining sections of Exhibit 3 (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 3 to this Amendment.

Holiday Schedule (Exhibit 4). 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 4: 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 _____ 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.



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

Early Learning Coalition of _____

By: _____

Printed Name: _____

Title: _____

Dated: _____

Name of SR Provider as it appears on the 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