



STATE OF FLORIDA
AMENDMENT TO STATEWIDE VOLUNTARY PREKINDERGARTEN
PROVIDER CONTRACT

I. General Amendment Information

Amendment Number:	
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II. Parties and Terms of Contract Amendment

This AMENDMENT to the Statewide Voluntary Prekindergarten (VPK) Provider Contract is entered into between the Early Learning Coalition of _____ and _____, VPK provider (PROVIDER).

WHEREAS, on _____ the Early Learning Coalition of _____ entered into the Contract with this PROVIDER to provide VPK 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 Voluntary Prekindergarten 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 (Modification to OEL-VPK 20). The deleted address is:

_____.

The replacement address is:

_____.

Reason for modification:

_____.

Provider Type (Modification to OEL-VPK 20PP). The original provider type selected is:

- 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 current Gold Seal Quality Care designation under s. 402.281 F.S., or accredited by an accrediting association under s. 1002.55(3)(b)1., F.S.
- A faith-based child care provider exempt from licensure under s. 402.316, F.S., that also either holds a current Gold Seal Quality Care designation under s. 402.281 F.S., or accredited by an accrediting association under s. 1002.55(3)(b)1., F.S.



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The new provider type selected is:

- ☐ 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 current Gold Seal Quality Care designation under s. 402.281 F.S., or accredited by an accrediting association under s. 1002.55(3)(b)1., F.S.
☐ A faith-based child care provider exempt from licensure under s. 402.316, F.S., that also either holds a current Gold Seal Quality Care designation under s. 402.281 F.S., or accredited by an accrediting association under s. 1002.55(3)(b)1., F.S.

Reason for modification:

_____.

☐ Additional Provider Location. (Modification to OEL-VPK 20, Exhibit 1). The information for the additional 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) _____
H. Official Use Only (for coalition use) _____

Updated Provider Location List in the format described in Exhibit 1 must be attached.

Reason for modification:

_____.

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.

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.

Print Name



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

By Electronic Signature

Title

Date

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

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