



**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 Contract Amendment**

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

WHEREAS, on \_\_\_\_\_ COALITION ~~of~~ \_\_\_\_\_ entered into the Contract with 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, COALITION ~~of~~ \_\_\_\_\_ agrees to amend the 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. The deleted address is:**

\_\_\_\_\_.

The replacement address is:

\_\_\_\_\_.

Reason for modification:

\_\_\_\_\_.

☐ **Provider Type (Modification to DEL-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. 1002.945 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. 1002.945 F.S., or accredited by an accrediting association under s. 1002.55(3)(b)1., F.S.

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. 1002.945 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. 1002.945 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 DEL-VPK 20, Exhibit 1). The information for the additional 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) \_\_\_\_\_
- H. Provider on Probation (Y/N) \_\_\_\_\_
- I. Operating Under Good Cause Exemption (Y/N) \_\_\_\_\_
- J. Incomplete Status (Y/N) \_\_\_\_\_
- K. School Year Composite Program Assessment Score \_\_\_\_\_
- L. Summer Composite Program Assessment Score \_\_\_\_\_

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 the removal of a nonpublic VPK site or public school being removed from the Provider Location List is as follows:**

- H.M. Location Number (optional) \_\_\_\_\_
- I.N. Location Legal Name \_\_\_\_\_
- J.O. Doing Business As Name (if applicable) \_\_\_\_\_
- K.P. Physical Address \_\_\_\_\_
- L.Q. Employer Identification Number (EIN) \_\_\_\_\_
- M.R. School Year (Y/N) \_\_\_\_\_
- S. Summer (Y/N) \_\_\_\_\_
- T. Provider on Probation (Y/N) \_\_\_\_\_
- U. Operating Under Good Cause Exemption (Y/N) \_\_\_\_\_
- V. Incomplete Status (Y/N) \_\_\_\_\_
- W. School Year Composite Program Assessment Score \_\_\_\_\_
- N.X. Summer Composite Program Assessment Score \_\_\_\_\_

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

Reason for modification:

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☐ **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 advance payments for the school-year program.

or

☐ 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 advance payments for the summer program.

or

☐ 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 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 duly authorized to do so and to bind the respective party to the Amendment.

Effective Date of Amendment: \_\_\_\_\_

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

☐ By Electronic Signature

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

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

☐ By Electronic Signature

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

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

☐ By Electronic Signature

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorized Coalition Representative**

☐ By Electronic Signature

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

*\* 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.*

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