



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

I. General Amendment Information

Amendment Number:	
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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 (COALITION) of _____ and _____, SR provider (PROVIDER).

WHEREAS, on <Contract start date> , the COALITION of _____ entered into the Contract with this PROVIDER to provide SR services; and

WHEREAS, PROVIDER OR COALITION 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)).

Doing Business As Name (DBA).

The deleted DBA name is:

_____.

The replacement DBA name is:

_____.

Reason for modification (notes):

_____.

Location of the PROVIDER’s Principal Office (1). **If the provider’s principal office is a site serving children, then the PROVIDER’s Principal Office is not amendable. Sites serving children must have a fully compliant health and safety inspection at the new site to execute a new contract.*

The deleted address is:

_____.

The replacement address is:

_____.

Reason for modification (notes):

_____.



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Adding or Deleting PROVIDER Locations Listed on Exhibit 1, if a multi-site provider. **New sites must have a fully compliant health and safety inspection prior to executing this amendment.*

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

_____.
Reason for modification (notes):

Curriculum (15).

_____.
The state-approved curriculum will now be:

_____.
with the edition date of: _____.

Character Development Program (16).

_____.
with the edition date of: _____.

Change in Signature Authority.

_____.
The removed signature authority is:

_____.
The replacement signature authority is:

_____.
Reason for modification (notes):

Change in Party Responsible for Administering **Initial and/or** **Subsequent Developmental Screenings.**

_____.
The removed party is:

_____.
The replacement party is:

_____.
Reason for modification (notes):

Change in PROVIDER'S exemption from Program Assessment Requirements.

_____.
Reason for modification (notes):

Change in PROVIDER'S program assessment composite score. For multi-site providers a change to the program assessment composite score is located on the attached Exhibit 1 form.



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Reason for modification (notes): _____.

Change in PROVIDER’S eligibility for the Contracted Slots Program.

Reason for modification (notes):
 _____.

Change in COALITION’S participation in the Contracted Slots Program.

Reason for modification (notes): _____.

Change in PROVIDER’S selection to conduct child assessments or eligibility to receive the child assessment rate.

Reason for modification (notes):
 _____.

Change in PROVIDER’S selection of the child assessment tool.

Reason for modification (notes):
 _____.

Change in PROVIDER’S Quality Improvement Plan. COALITION and PROVIDER agree to modify the PROVIDER’S quality improvement plan on the attached and incorporated revised Exhibit 3.

Reason for modification (notes):
 _____.

Reimbursement Rates Established (45). COALITION is replacing its original documentation of its established COALITION approved reimbursement rates included in Exhibit 5 with amended COALITION reimbursement rates on the attached and incorporated revised Exhibit 5.

Number of Holidays (56). COALITION modifies the approved number of holiday days per year from _____ days to _____ days as amended in Exhibit 6, Holiday Schedule, which has been attached to and incorporated in this Amendment.

Coalition Contact Persons and Information (83). The new contact person is: <name, telephone number and email> who replaces <name> as contact for < COALITION>. The contact person had a change in contact information. The new contact information for COALITION contact or is: <name, telephone number and email>.

Provider Contact Persons and Information (83). The new contact person is:<name, telephone number and email> who replaces<name> as contact for <PROVIDER>



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The contact person had a change in contact information. The new contact information for PROVIDER contact is: <name, telephone number and email>

Gold Seal Status (Exhibit 2, number 2.). PROVIDER has had a change in its Gold Seal designation for ___ birth to 5 and/or ___ school age and has attached to this Amendment a copy of documentation of this change in status.
Reason for modification (notes):

Liability Insurance (Exhibit 2, number 3.) PROVIDER has CHANGED its liability insurance effective on ___ and has attached to this Amendment evidence of this new coverage.
Reason for modification (notes):

Provider Reimbursement Rates (Exhibit 5). PROVIDER has modified its Private Pay Rates, Registration Fees or Operational Hours, effective _____ and has attached and incorporated in this Amendment the revised Exhibit 5: Provider Reimbursement Rates. The COALITION has completed the remaining sections of Exhibit 5 (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 5 to this Amendment. The change is to: Private Pay Rates, Registration Fees and/or Operational Hours.

Holiday Schedule (Exhibit 6). 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 6: Holiday Schedule.

IV. Execution of Amendment

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 <total number of pages> _____ 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.

Effective Date of 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

Signature of Authorized Coalition Representative

By Electronic Signature

Print Name

Title

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.*