

**Early Learning Coalition of Flagler and Volusia Counties**

**VPK Provider Change of Ownership**

**Complete this form and follow the instructions for faxing to the Provider Services Department immediately**

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

**Name of Provider:** \_\_\_\_\_

**Intent to change ownership details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed date of ownership transfer (contingent upon DCF licensure of new owner):**  
\_\_\_\_\_

To ensure a smooth VPK transition, notify these additional ELCFV departments: initial and date the lines beside each department to confirm your contact. Please document the ELCFV staff you spoke with. Make these persons aware of your upcoming change of ownership and determine what they will need from you as you proceed with the ownership transfer.

<u>Initial</u>	<u>Date</u>	<u>Department</u>	<u>ELCFV Staff responding</u>
_____	_____	Provider Contracts Coordinator	_____
_____	_____	Eligibility	_____
_____	_____	Reimbursement	_____

**Printed name and signature of Program Owner:** \_\_\_\_\_  
\_\_\_\_\_

**For VPK transition to new ownership submit this form to:**  
**Alecia Coitrone, Provider Contracts Coordinator – fax (386) 323-2426**  
**Telephone (386) 323-2400 ext 186**

**Jenni Riccio, Provider Contracts Coordinator – fax (386) 323-2426**  
**Telephone (386) 323-2400 ext. 139**