

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>
_____	_____	Resource and Referral	_____
_____	_____	Eligibility	_____
_____	_____	School Readiness Specialist	_____
_____	_____	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