



Provider Attestation-Provider Profile Update & Provider Orientation for Contracting Readiness Guidance

I, _____ the undersigned, attest that I have **reviewed and understand** the requirements for **Provider Profile Update & Annual Provider Orientation for Contracting Readiness Guidance** provided by the Early Learning Coalition of Brevard County.

I acknowledge and affirm that:

- I have reviewed the requirements for completing and submitting the **Annual Provider Profile Update, Cost of Care Survey, Annual Provider Orientation Guidance** videos.
- I understand that the Provider Profile and supporting documents must be **accurate, complete, and current**, and view the Annual Provider Orientation videos for SR/VPK before being able to proceed **with contract execution** with the Early Learning Coalition of Brevard County.
- I understand that completion of the Provider Profile **does not constitute a contract**, and that additional documentation, review, and proof of completion of annual provider orientation are required before a School Readiness and/or VPK contract may be executed.
- I understand that failure to complete the Provider Profile, Cost of Care Survey, and Annual Provider Orientation Guidance by the established deadlines may delay or prevent my ability to contract with the Early Learning Coalition of Brevard County.
- I acknowledge my responsibility to monitor the Provider Portal for correspondence, requests for corrections, and approval notifications.
- I certify that the information submitted in the Provider Profile and related documentation is true, accurate, and complete to the best of my knowledge.
- I understand that I may reach out to the Early Learning Coalition of Brevard County if I need additional guidance after completing the Annual Provider Orientation.

By signing below, I confirm my intent to move forward with the contracting process and agree to comply with all applicable state statutes, rules, and Early Learning Coalition of Brevard contract requirements.

I acknowledge that this signed attestation must be submitted via email to my assigned Provider Relations Coordinator (PRC) to proceed with the contracting process.

Provider Name (Legal Business Name): _____

Provider Portal ID: _____

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____