

**Voluntary Pre-Kindergarten Program
Payment Election Agreement
Fiscal Year 20__-20__**

Marion County Provider
Name _____

Address _____

_____ **I choose to receive advance funding for the Voluntary Pre-Kindergarten Services.**

I understand that the procedure for VPK funding reimbursement includes receiving advance funding based on student enrollments which are comprised of the original Certificates of Eligibility received at Childhood Development Services office, certification of student attendance and reconciliation of advanced funding based on actual attendance of students. I also understand that I am responsible to repay any overpayments resulting from advanced funding as indicated in the VPK Provider Agreement to the Early Learning Coalition of Marion County.

_____ **I choose NOT to receive advance funding for Voluntary Pre-Kindergarten Services.**

I understand that by electing not to receive advance funding, I will receive monthly VPK student reimbursements based on actual attendance, as documented on Student Enrollment Verification Forms. I understand this option will be in effect for the entire fiscal year.

Printed Name of Provider

Title

Provider Signature

Date