

AMENDMENT TO 2020-2023 PROVIDER AGREEMENT

THIS AMENDMENT TO THE 2020-23 PROVIDER AGREEMENT (the "Amendment") is made and entered into by and between **EASTER SEALS FLORIDA, INC.**, a Florida not-for-profit corporation ("Treasure Coast Early Steps Program" or "TCES") and _____ ("Early Steps Provider Agency" or "Provider"). The Effective Date of this Amendment is _____, 20__.

WITNESSETH:

WHEREAS, TCES and Provider did heretofore enter into that certain Provider Agreement ("Agreement") for the provision of early intervention services and

NOW THEREFORE, in consideration of the covenants and obligations between the parties under the Agreement, TCES and Provider do hereby wish to amend the Agreement as follows:

1. Provider wishes to add the individual(s) listed below to participate in service delivery:

2. Provider attests that the individual(s) listed above are included under Provider's insurance policies (professional liability, automobile liability and workers' compensation). If the individual new provider is not covered under one or more of the aforementioned insurance policies, provider agrees to submit proof of insurance prior to execution of this amendment.
3. Provider attests that the individual(s) listed above will maintain full compliance with all terms and conditions of the Agreement.
4. Provider attests that all services will be rendered in the child's natural environment.
5. Provider attests that the individual(s) listed above will join a Community PSP Team as assigned by Easter Seals Florida, Inc. (if applicable).
6. Provider attests that they do not employ, contract with, or subcontract with an unauthorized alien.
7. Except to the extent expressly modified by this Amendment, all other terms and conditions of the Agreement remain unmodified and the Agreement otherwise remains and continues in full force and effect.

IN WITNESS WHEREOF, TCES and Provider hereto have caused this Amendment to be executed by their duly authorized signatories as of the Effective Date.

PROVIDER

EASTER SEALS FLORIDA, INC.
Treasure Coast Early Steps

Provider Agency Name (please print)

Easter Seals Florida, Inc.

Provider Title (please print)

Title

Signature

Signature

Date

Date

Street Address

City, State, Zip