

BRIGHT FROM THE START

Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, Georgia 30334

(404) 656-5957

**Brian P. Kemp Amy M. Jacobs**

 **GOVERNOR COMMISSIONER**

**Pre-K Provider Repayment Agreement**

**Instructions: Email Pre-K Provider Repayment Agreement to** **prekbusiness.support@decal.ga.gov** **for review. Once approved, submit payment with the completed** [**DECAL Remittance Coupon**](https://www.decal.ga.gov/documents/attachments/DECALRemittanceCoupon.pdf) **and mail to the address provided on the Remittance Coupon.**

Date:

Provider ID:       Legal Name:

Primary Authorized User/Project Director:

**PAYMENT PLAN**

Indicate what the payment plan is for:

[ ]  Year End Reconciliation Report for School Year

[ ]  STP Reconciliation Report for Year

[ ]  AUP Review for School Year

[ ]  Audit

[ ]  Investigative Findings

**PAYMENT PLAN PROPOSAL**

Total funds due back $       Comments

Payment Start Date       Payment End Date

Payment Amount $       [ ]  Monthly [ ]  Weekly

***Note: All funds must be paid in full by June 30, 2025.***

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Legal Owner/Authorized Agent Signature Date

**DECAL USE ONLY**

Date Pre-K Provider Repayment Agree received:       Payment Plan Proposal approved [ ]  Yes [ ]  No

DECAL Approver Name and Title:       Approved Date: