

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:** Complete the Pre-K Provider Repayment Agreement and email to [prekbusiness.support@decal.ga.gov](mailto:prekbusiness.support@decal.ga.gov) for review. Once approved, submit payment(s) 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. Checks/money orders should include “Pre-K” in the memo section.

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

Summer Transition Program Reconciliation Report for Year

AUP Review for School Year

**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 May 1, 2026.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: