The Wichita & Affiliated Tribes
Child Care Development Fund Program
Provider Agreement

This agreement, entered into and effective the ____ day of _____, 20___ and between _____ and The Wichita and Affiliated Tribes Child Care Development Fund.

Child's Name: _____

Herein after referred to as a "Provider" constitutes the entire agreement between the parties.

This agreement, is to be effective for one (1) year from the date of execution. This agreement is reviewed annually.

Provider Agreement:	
1	Provided that in the event that the providers facility becomes uninhabited by a natural disaster, sudden catastrophe, and a suitable alternate facility cannot be obtained by the provider within five (5) days, this agreement shall become null and void without notice.
2	No services authorized under this contract will be subcontracted by the provider to any other person or entity.
3	In the event of an overpayment by the Childcare program to the provider, the program at its discretion, may (1) demand immediate reimbursement by provider: (2) withhold the full amount of overpayment from any and all funds in possession due or to become due and owing to the provider: (3) accept a manually agreeable written repayment plan: (4) seek collection by litigation.
4	Providers will be paid once a month for the previous claimed month. We encourage having your timesheet form in by the 15th of the following month to have a check within two weeks. If there is a delay

	with our finance department, you will be notified.
5	This agreement may be cancelled at any time by either party due to a breach of contract in any form, by giving a fourteen (14) day written notice of intent to cancel.
6	Providers must agree to comply with all DHS Health and Safety requirements, trainings, and standards.

_____ _____ _____

Provider Signature Date Telephone Number

_____ _____

Wichita and Affiliated Tribes CCDF Representative Date