# Certification Acknowledging Modification

District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the district has shared all proposed modifications to the contract with each of its providers, and that it has given each provider an opportunity, which shall be no fewer than seven (7) business days, to review and respond to the proposed modifications.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Providers

The provider hereby certifies that it has been given the opportunity, which shall be no fewer than seven (7) business days, to review and respond to all proposed modifications to the contract.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Include Center Name (per license), Director Name, & Signature

If you are a provider, please list any issues or concerns raised by these modifications, with reference to the specific contractual item at issue (i.e., Section III, Article A, Subsection 2):