Attachment B

This form is to be used by provides with multiple sites. Please complete the information for each site offering VPK as demonstrated in the example. Submit only one Provider Agreement and Attachment A with this form.

PROVIDER ID	PROVIDER NAME	ADDRESS	ZIP	PHONE	PRINCIPAL/DIRECTOR
123456	Sample Early Education Center	123 SW Any Street, Miami	12345	(305) 123-4567	Mary Sample

Early Learning Coalition of Miami-Dade/Monroe
www.vpkhelp.org

Miami-Dade County
2555 Ponce de Leon Blvd
5th Floor
Coral Gables, FL 33134
Tel 305-646-7220
Fax 305-447-1608

Monroe County
1100 Simonton St.
Suite 1-204
Key West, FL 33040
Tel 305-296-5557
Fax 305-296-5588

www.elcmdm.org

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