Exhibit 1: Provider Location List

Provider Name: _____

If PROVIDER is a school district executing a single Contract on behalf of multiple public school VPK providers or if PROVIDER is executing a single Contract on behalf of multiple private VPK sites within COALITION's service area, PROVIDER shall complete the following Provider Location List and submit it along with the Statewide VPK Provider Contract:

Location Number (optional)	**Location Legal Name**	**Doing Business As Name (if applicable)**	**Physical Address**	**Employer Identification Number (EIN)**	**School Year Y/N**	**Summer Y/N**	**Official Use Only (for Coalition use)**