

Exhibit 3: Provider Reimbursement Rates

Provider Name: _____

Provider Operational Hours: _____

PROVIDER must mark the appropriate box below indicating the appropriate provider type. In addition, PROVIDER must mark whether or not it has a Gold Seal Quality Care Designation. Finally, PROVIDER must complete the table below marked “To be completed by PROVIDER.” COALITION will complete the remainder of the Exhibit.

Does PROVIDER have a Gold Seal Designation? Yes No

PROVIDER’s Private Pay Rates (To be Completed by PROVIDER)

	Infant 0-12 mths	Toddler 13-23 mths	2 Yr Old 24-35 mths	PR3 36-47 mths	PR4 48-59 mths	PR5 60-72 mths	School-age	
Full-Time Daily Rates								
Part-Time Daily Rates								
Before or After School Rates								

COALITION Maximum Reimbursement Rates (To be Completed by COALITION)

	Infant 0-12 mths	Toddler 13-23 mths	2 Yr Old 24-35 mths	PR3 36-47 mths	PR4 48-59 mths	PR5 60-72 mths	School-age	
Full-Time Daily Rates								
Full-Time Gold Seal Daily Rates								
Part-Time Daily Rates								
Part-Time Gold Seal Daily Rates								
Before or After School Rates								
Full-Time VPK Wrap Rate								
Part-Time VPK Wrap Rate								