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)

CARE LEVEL	**(INF)** <12 MTH	**(TOD)** 12<24 MTH	**(2YR)** 24<36 MTH	**(PR3)** 36<48 MTH	**(PR4)** 48<60 MTH	**(PR5)** 60<72 MTH	**(SCH)** In School	**(SPCR)** Special Needs
Full-Time Daily Rates								
Part-Time Daily Rates								
Before or After School Rates	N/A	N/A	N/A	N/A				

COALITION Maximum Reimbursement Rates
(To be Completed by COALITION)

CARE LEVEL	**(INF)** <12 MTH	**(TOD)** 12<24 MTH	**(2YR)** 24<36 MTH	**(PR3)** 36<48 MTH	**(PR4)** 48<60 MTH	**(PR5)** 60<72 MTH	**(SCH)** In School	**(SPCR)** Special Needs
Full-Time Daily Rates	25.98	22.70	21.75	19.71	19.71	19.00	17.46	25.98
Full-Time Gold Seal Daily Rates	31.17	27.24	26.10	23.65	23.65	22.80	20.95	31.17
Part-Time Daily Rates	19.49	17.03	16.31	14.78	14.78	14.25	13.10	19.49
Part-Time Gold Seal Daily Rates	23.38	20.43	19.57	17.73	17.73	17.10	15.72	23.38
Before or After School Rates	N/A	N/A	N/A	N/A	14.78	14.25	13.10	19.49
Full-Time VPK Wrap Rate	N/A	N/A	N/A	N/A GS-PR3 19.35, PR4 19.35, PR5 18.63 NonGS-PR3 16.11, PR4 16.11, PR5 15.48		N/A	N/A	N/A
Part-Time VPK Wrap Rate	N/A	N/A	N/A	N/A GS- PR3 11.80, PR4 11.80, PR5 11.40 NonGS- PR3 9.84, PR4 9.84, PR5 9.48		N/A	N/A	N/A