

### 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)

<b>Full-Time Daily Rates</b>								
<b>Part-Time Daily Rates</b>								
<b>Before or After School Rates</b>								

**COALITION Maximum Reimbursement Rates**  
(To be Completed by COALITION)

<b>Full-Time Daily Rates</b>								
<b>Full-Time Gold Seal Daily Rates</b>								
<b>Part-Time Daily Rates</b>								
<b>Part-Time Gold Seal Daily Rates</b>								
<b>Before or After School Rates</b>								
<b>Full-Time VPK Wrap Rate</b>								
<b>Part-Time VPK Wrap Rate</b>								

Approved PROVIDER Reimbursement Rate\*  
(To be Completed by COALITION)

<b>Full-Time Daily Rates</b>								
<b>Part-Time Daily Rates</b>								
<b>Before or After School Rates</b>								
<b>Full-Time VPK Wrap Rate</b>								
<b>Part-Time VPK Wrap Rate</b>								

*\*Note: Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.*

Effective Date of Rates Established in This Exhibit \_\_\_\_\_