

COUNTY CODE: \_\_\_\_\_

PELICAN PROVIDER ID: \_\_\_\_\_

**APPENDIX C-1 - ELRC SUBSIDIZED CHILD CARE PROVIDER REPORTED RATES, FY 2020-2021 (Certified Providers Only)**

Facility Name:			
Address:			
City:		State:	Zip:
Telephone: ( )		County:	
Type of Program:	<input type="checkbox"/> Center	<input type="checkbox"/> Group	<input type="checkbox"/> Family

Provider's Rate(s):

**A copy of your published rates must accompany this form**

Enter your current rates. Enter N/A if the service is not provided.	0-12 months	13-24 months	25-36 months	37 months to date child enters Kindergarten	Kindergarten up to 13 <sup>th</sup> birthday SCHOOL YEAR	Kindergarten up to 13 <sup>th</sup> birthday SUMMER ONLY
What is your weekly rate per child for <b>FULL-TIME</b> care (five days per week, Monday through Friday)? <b>Full-Time = 5 or more hours of care per day</b>	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week		\$ _____ per week
What is your weekly rate per child for <b>PART-TIME</b> care (five days per week, Monday through Friday)? <b>Part-Time = less than 5 hours of care per day</b>	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	

\*  I will accept a blended school year rate.

**I confirm that these are my current rates.**

\_\_\_\_\_  
Provider Representative Signature and Title

\_\_\_\_\_  
Print Provider Representative Signature

\_\_\_\_\_  
Date

\*The subsidized child care program "blended rate" averages rates for 180 part days and 25 full days to create a standard school year rate. This creates one rate for the school year that incorporates days when a child attends child care full day. Failure to accept the blended rate will result in payment of a part-time rate for all 205 days during the school year.