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| **Name of Grant Recipient** |  |
| **Project Location [County(ies)]** |  |
| **Service Rate Effective Date** | July 1, 2024 |

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| **Grant Agreement Service Rates** | | |
| **Type of Service**  **Transportation Mode** | **Unit of Measure**  **(Trip or Passenger Mile)** | **Cost**  **Per Unit** |
| \* Ambulatory |  |  |
| \* Wheel Chair |  |  |
| \* Stretcher |  |  |
| Bus Pass – Daily | Pass |  |
| Bus Pass – Weekly | Pass |  |
| Bus Pass – Monthly | Pass |  |
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***\* Ambulatory, Wheel Chair and Stretcher*** must all use the *same Unit of Measure* either ***Trip or Passenger Mile***;

Cannot mix, all must be the same regardless of Transportation Mode.