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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.