ONE-STOP CENTER

MEMORANDUM OF UNDERSTANDING (MOU)

MOU MODIFICATION

7/1/20 TO 6/30/21
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Mayor Robert M. Dyer, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20. All of my questions have been discussed and answered satisfactorily.

My signature certifies my understanding of the terms outlined herein and in agreement with:

- This MOU Modification as outlined/described below:

1. The attached Infrastructure Funding Agreement (IFA) for the period 7/1/20 to 6/30/21 replaces the current one for the period 10/1/19 to 6/30/20. The effective date for the new IFA is 7/1/20.

2. The wording under Effective Period on Page 21 of the original VCW-Hampton Roads Region One-Stop Center MOU is revised to remove “This MOU will become effective as of the date of signing by the final signatory below” and be replaced with the wording “This MOU is effective on October 1, 2019”.

No other changes are authorized under this MOU Modification.

By signing this document, I also certify that I have the legal authority to bind my agency (outlined below) to the terms of this Modification and all changes made herein.

I understand that this Modification may be executed in counterparts, each being considered an original, and that this Modification shall expire with the terms of the MOU.

Except as provided herein, all terms and conditions of the original VCW - Hampton Roads Region One-Stop Center MOU, effective October 1, 2019, remains unchanged and in full force and effect.

[Signature]

[Date]

Mayor Robert M. Dyer, City of Virginia Beach

[Print Name and Title]

Chief Elected Official, Virginia LWDA 16

[Agency Name]
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing my name below, I, _______________ Mark Johnson __________________, certify that I have read the information contained in this VCW - Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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I understand that this Modification may be executed in counterparts, each being considered an original, and that this Modification shall expire with the terms of the MOU.

Except as provided herein, all terms and conditions of the original VCW- Hampton Roads Region One-Stop Center MOU, effective October 1, 2019, remains unchanged and in full force and effect.

[Signature]

[Date] 9/15/2020

Mark Johnson, HRWC, Chair of the Board

Print Name and Title

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official.
By signing my name below, I, Shawn Avery, certify that I have read the information contained in this
VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.
All of my questions have been discussed and answered satisfactorily.

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and that this Modification shall expire with the terms of the MOU.

Except as provided herein, all terms and conditions of the original VCW- Hampton Roads Region One-Stop
Center MOU, effective October 1, 2019, remains unchanged and in full force and effect.


Signature

Date

Shawn Avery, President and CEO

Print Name and Title

Hampton Roads Workforce Council (WIOA Title 1)

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, _____________________________, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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_________________________  _____________________________
Signature  Date

Ellen Marie Hess, Commissioner
Print Name and Title

Virginia Employment Commission
Agency Name

August 25, 2020
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Kathryn A. Hayfield, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

1. All of my questions have been discussed and answered satisfactorily.

My signature certifies my understanding of the terms outlined herein and in agreement with:

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Kathryn A. Hayfield, Commissioner
Print Name and Title

Department for Aging & Rehabilitative Services
Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, __Heather McCraig______________________________, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

My signature certifies my understanding of the terms outlined herein and in agreement with:

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Heather McCraig

Signature: __________________________

Date: 09/25/2020

Heather McCraig, Interim Vice President for Finance

Print Name and Title

Tidewater Community College

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Daniel W. Lufkin, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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Except as provided herein, all terms and conditions of the original VCW-Hampton Roads Region One-Stop Center MOU, effective October 1, 2019, remains unchanged and in full force and effect.

[Signature]

8/18/2020

Date

Daniel W. Lufkin, President

Print Name and Title

Paul D. Camp Community College

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official.
By signing my name below, I, Ella Bracy, III, Ed.D., certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.
All of my questions have been discussed and answered satisfactorily.

My signature certifies my understanding of the terms outlined herein and in agreement with:

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Signature

Date

Ella Bracy, III, Ed.D., Division Superintendent

Print Name and Title

Portsmouth Public Schools

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Dr. Lawrence Dotolo, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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Signed [Signature] 8/18/2020 [Date]

Dr. Lawrence G. Dotolo, President
Print Name and Title

Virginia Tidewater Consortium For Higher Education
Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Edward Bland, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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__________________________  __________________
Signature                  Date

Edward Bland, Executive Director

Print Name and Title

Portsmouth Redevelopment and Housing Authority

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing my name below, I, Ronald Jackson, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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Signature

Date

Ronald Jackson, NRHA Executive Director

Print Name and Title

NRHA

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Justin D. Brooks, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

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8/17/2020

Signature

Date

Justin D. Brooks, Executive Director

Print Name and Title

Chesapeake Redevelopment Housing Authority

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Michelle D. Stivers, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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Signature
Michelle D. Stivers

Date
8/27/2020

Print Name and Title
Michelle D. Stivers

Director

Agency Name
Southampton County

DSS
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Patrick Roberts, certify that I have read the information contained in this VCW-Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20. All of my questions have been discussed and answered satisfactorily.

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IN WITNESS WHEREOF, the parties hereto have executed and sealed this AGREEMENT as of the day and year first above written.

APPROVED AS TO FORM:

[Signature]
Suffolk Assistant City Attorney

CITY OF SUFFOLK

ATTEST:

[Signature]
City Clerk

BY:

[Signature]
City Manager

Agency: Suffolk Dept. of Social Services

August 31, 2020
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Aileen L. Smith, certify that I have read the Information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20. All of my questions have been discussed and answered satisfactorily.

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Signature: Aileen L. Smith
Date: 8/31/2020
Print Name and Title: Aileen L. Smith, Director
Agency Name: City of Virginia Beach, Dept. of Human Services

Approved as to Legal Sufficiency
May 1st, 2020
Senior City Attorney
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official.
By signing my name below, I, [Signature], certify that I have read the information contained in this VCW - Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.
All of my questions have been discussed and answered satisfactorily.

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[Signature]  
Date: 9-15-2020

Jill Baker  
Director Human Services

[Print Name and Title]

Cheapeake Human Services  
Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official.

By signing my name below, I, Pamela T. Little-Hill, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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Pamela T. Little-Hill
Signature
September 1, 2020
Date

Pamela T. Little-Hill - Director of Portsmouth DSS
Print Name and Title

LaVoris A. Pace
Intern City Manager

09/17/2020
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Michele Anderson, certify that I have read the information contained in this VCW—Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

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Michele Anderson

Signature

[Signature]

Date

9-9-20

President & CEO

Print Name and Title

United Way of South Hampton Roads

Agency Name
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, Regina P. Lawrence, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20. All of my questions have been discussed and answered satisfactorily.

My signature certifies my understanding of the terms outlined herein and in agreement with:

- This MOU Modification as outlined/described below:

  1. The attached Infrastructure Funding Agreement (IFA) for the period 7/1/20 to 6/30/21 replaces the current one for the period 10/1/19 to 6/30/20. The effective date for the new IFA is 7/1/20.

  2. The wording under Effective Period on Page 21 of the original VCW-Hampton Roads Region One-Stop Center MOU is revised to remove “This MOU will become effective as of the date of signing by the final signatory below” and be replaced with the wording “This MOU is effective on October 1, 2019”.

No other changes are authorized under this MOU Modification.

By signing this document, I also certify that I have the legal authority to bind my agency (outlined below) to the terms of this Modification and all changes made herein.

I understand that this Modification may be executed in counterparts, each being considered an original, and that this Modification shall expire with the terms of the MOU.

Except as provided herein, all terms and conditions of the original VCW- Hampton Roads Region One-Stop Center MOU, effective October 1, 2019, remains unchanged and in full force and effect.

Signature: Regina P. Lawrence, President & CEO

Print Name and Title

STOP Inc.

Agency Name

Date: 9/9/2020
Modification Authority and Signature

One completed, signed, and dated Authority and Signature page is required for each signatory official. By signing my name below, I, ______________________, certify that I have read the information contained in this VCW – Hampton Roads Region One-Stop Center MOU Modification, dated 7/1/20.

All of my questions have been discussed and answered satisfactorily.

My signature certifies my understanding of the terms outlined herein and in agreement with:

- This MOU Modification as outlined/described below:

  1. The attached Infrastructure Funding Agreement (IFA) for the period 7/1/20 to 6/30/21 replaces the current one for the period 10/1/19 to 6/30/20. The effective date for the new IFA is 7/1/20.

  2. The wording under Effective Period on Page 21 of the original VCW-Hampton Roads Region One-Stop Center MOU is revised to remove “This MOU will become effective as of the date of signing by the final signatory below” and be replaced with the wording “This MOU is effective on October 1, 2019”.

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Except as provided herein, all terms and conditions of the original VCW- Hampton Roads Region One-Stop Center MOU, effective October 1, 2019, remains unchanged and in full force and effect.

Demetri Antzoulatos  
VP, Finance, Grants, & Operations

Print Name and Title

AARP Foundation

Agency Name

Signature: ______________________  
Date: 9/14/2020
INFRASTRUCTURE FUNDING AGREEMENT (IFA)

7/1/20 TO 6/30/21
<table>
<thead>
<tr>
<th>Total Costs</th>
<th>9861.275</th>
<th>9876.324</th>
<th>9836.493</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Training</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Software</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Other Costs</td>
<td>500.00</td>
<td>500.00</td>
<td>500.00</td>
</tr>
<tr>
<td>Total</td>
<td>5000.00</td>
<td>5000.00</td>
<td>5000.00</td>
</tr>
</tbody>
</table>

Other Operations:
- Prime Service Department:
  - Cell Phone: 500.00
  - IT Support: 500.00

Facilities Costs:
- Rent:
  - Lease: 516.490
  - 516.490

Virginia Career Works One-Stop Center Name: [Name]
One-Stop Cost Center Budget for Program Year 2020 (July 1, 2020 - June 30, 2021)
### One-Stop Center Name:

Virginia Career Works: Norfolk

<table>
<thead>
<tr>
<th>PARTNER ENTITY or PARTNER PROGRAM</th>
<th># OF POSITIONS</th>
<th>% of Total</th>
<th>SQUARE FEET OCCUPIED</th>
<th>% of Total</th>
<th>Customers Receiving Service</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEC - Employment Services (Wagner-Peyser)</td>
<td>19.00</td>
<td>41.30%</td>
<td>1,724.00</td>
<td>22.53%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>WIOA Title I Adult</td>
<td>11.00</td>
<td>23.91%</td>
<td>3,051.00</td>
<td>39.88%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>WIOA Title I Dislocated Worker</td>
<td>3.00</td>
<td>6.52%</td>
<td>970.00</td>
<td>12.88%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>WIOA Title I Youth</td>
<td>0.00</td>
<td>0.00%</td>
<td>0.00</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>VEC - Unemployment Insurance</td>
<td>0.00</td>
<td>0.00%</td>
<td>601.00</td>
<td>6.55%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>Trade Act (VEC)</td>
<td>1.00</td>
<td>2.17%</td>
<td>166.00</td>
<td>2.17%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>DARS Title IV</td>
<td>1.00</td>
<td>2.17%</td>
<td>173.00</td>
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<td>0.00%</td>
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</tr>
<tr>
<td>DOE - Adult Ed</td>
<td>1.00</td>
<td>2.17%</td>
<td>90.00</td>
<td>1.18%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>DOE - Perkins-TCC</td>
<td>0.20</td>
<td>0.43%</td>
<td>18.00</td>
<td>0.24%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>DOE - Perkins-PDCC</td>
<td>0.20</td>
<td>0.43%</td>
<td>18.00</td>
<td>0.24%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>DSS - TANF</td>
<td>0.20</td>
<td>0.43%</td>
<td>18.00</td>
<td>0.24%</td>
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</tr>
<tr>
<td>Senior Community Service Employment</td>
<td>0.20</td>
<td>0.43%</td>
<td>18.00</td>
<td>0.24%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Housing Employment &amp; Training</td>
<td>0.20</td>
<td>0.43%</td>
<td>18.00</td>
<td>0.24%</td>
<td>0.00%</td>
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<tr>
<td>CSBG - STOP, Inc.</td>
<td>1.00</td>
<td>2.17%</td>
<td>90.00</td>
<td>1.18%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>VEC - Jobs for Veterans State Grant</td>
<td>1.00</td>
<td>2.17%</td>
<td>186.00</td>
<td>2.17%</td>
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<tr>
<td>WISC Grant-HR Workforce Council</td>
<td>2.00</td>
<td>4.36%</td>
<td>180.00</td>
<td>2.35%</td>
<td>0.00%</td>
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<tr>
<td>One Stop Operator</td>
<td>1.00</td>
<td>2.17%</td>
<td>90.00</td>
<td>1.18%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>Wagner-Peyser VEC/Council MOU</td>
<td>4.00</td>
<td>8.70%</td>
<td>360.00</td>
<td>4.71%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
<td></td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>0.00%</td>
<td>0.00%</td>
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</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td><strong>46.00</strong></td>
<td><strong>100.00%</strong></td>
<td><strong>7651.00</strong></td>
<td><strong>100%</strong></td>
<td><strong>0.00%</strong></td>
<td><strong>0.00%</strong></td>
</tr>
</tbody>
</table>

List each partner's programs providing service through Virginia's Career Works Center. If the allocation is for a Comprehensive Center, at minimum, all partner programs as required by the Virginia Combined State Plan must be included.

- Once program is entered in Column A row within table above, the balance of the spreadsheets will be automatically populated with the program name information. The balance of the spreadsheets should be formatted appropriately to display the information.

Square Foot Occupied is the sum of the floor area of each office, work station, or other room or space that is assigned to or reserved for the use of one or more partners rather than being shared by all.

# OF POSITIONS are the # of staff that each program has dedicated to the One-Stop Center. The # OF POSITIONS are represented in full time position equivalence in relation to 40 hour workweeks. The formula to determine the # to enter is: # of hours per week that a program staffs the One-Stop Center/40 (full time workweek hours).

Customers Receiving Service are the # of people served by each program either at, or through the One-Stop Center. Includes customers received by the One-Stop Center who received services from multiple programs. These customers will be counted by each program serving them.

8/17/2020

Copy of IFA LWDA One Stop Cost Allocation Template py 20 draft rev aug 11 2020
<table>
<thead>
<tr>
<th>Service Time (min)</th>
<th>Hours</th>
<th>Rate</th>
<th>Amount</th>
<th>Hours</th>
<th>Rate</th>
<th>Amount</th>
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</thead>
<tbody>
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<td>0.10</td>
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<td>0.52</td>
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<td>0.26</td>
</tr>
<tr>
<td>40</td>
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<td>0.49</td>
<td>0.70</td>
<td>0.70</td>
<td>0.49</td>
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<tr>
<td>50</td>
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<td>0.88</td>
<td>0.56</td>
<td>0.88</td>
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<td>0.56</td>
</tr>
<tr>
<td>60</td>
<td>1.06</td>
<td>1.06</td>
<td>0.64</td>
<td>1.06</td>
<td>1.06</td>
<td>0.64</td>
</tr>
<tr>
<td>70</td>
<td>1.24</td>
<td>1.24</td>
<td>0.73</td>
<td>1.24</td>
<td>1.24</td>
<td>0.73</td>
</tr>
<tr>
<td>80</td>
<td>1.42</td>
<td>1.42</td>
<td>0.83</td>
<td>1.42</td>
<td>1.42</td>
<td>0.83</td>
</tr>
<tr>
<td>90</td>
<td>1.60</td>
<td>1.60</td>
<td>0.94</td>
<td>1.60</td>
<td>1.60</td>
<td>0.94</td>
</tr>
<tr>
<td>100</td>
<td>1.78</td>
<td>1.78</td>
<td>1.06</td>
<td>1.78</td>
<td>1.78</td>
<td>1.06</td>
</tr>
<tr>
<td>TOTAL</td>
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<td>1.96</td>
<td>1.19</td>
<td>1.96</td>
<td>1.96</td>
<td>1.19</td>
</tr>
</tbody>
</table>

**Notes:**
- Hours and Rate are based on standard service times.
- Amount is calculated by multiplying Hours by Rate.
- This table is for internal use only.