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Request for Proposal Number: 1-0518  
Addendum Number: 2

The information provided below is officially made a part of this RFP.

1. Please refer to “Appendix M: Provider References” of the RFP.

*Number of persons transported during the month of September 2015*

*or*

*Number of service hours and/or one-way trips during the month of September 2015*

**Should read:**

*Number of persons transported during the month of **September 2017***

*or*

*Number of service hours and/or one-way trips during the month of **September 2017***

Note: Review Carefully!

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgement of this addendum (see Addenda Acknowledgement form) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original RFP document. The original RFP response must also be signed in the proper places.

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