

**Ohio Department of Transportation  
Mobility Management Reimbursement Invoice**

Grantee: **Community Action Agency of Columbiana County**  
 Project: **JARC-0015-079-013** Contract Amount: **\$78,759**  
 Federal Grant: **OH-37-X079** Date Submitted: **3/1/12**  
 Invoice Sequence Number: **13** (Each project begins with sequence number 1)  
 Reporting Period Covered by this Invoice: From: **12/1/11** To: **12/31/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$98,449	\$78,759	\$19,690	Y

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$	38	\$	31,358	\$	31,396
502	Fringe Benefits	\$	28	\$	4,328	\$	4,356
503	Purchased Services:	\$	-	\$	70	\$	70
	Advertising Agency	\$	-	\$	-	\$	-
	Custodial Service	\$	-	\$	-	\$	-
	Other	\$	-	\$	70	\$	70
504	Office Supplies (for Mobility Manager only)				265		265
505	Utilities	\$	-	\$	-	\$	-
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$	-	\$	-	\$	-
509	Miscellaneous:	\$	-	\$	203	\$	203
	Dues & Subscriptions	\$	-	\$	-	\$	-
	Travel & Meetings	\$	-	\$	203	\$	203
	Marketing	\$	-	\$	-	\$	-
	Other	\$	-	\$	-	\$	-
512	Lease of Office Space for Mobility Manager	\$	-	\$	917	\$	917
<b>Total Mobility Management Expenses</b>		\$	<b>66</b>	\$	<b>37,141</b>	\$	<b>37,207</b>

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 66	\$ 37,141	\$ 37,207
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 52	\$ 29,712	\$ 29,764

**Reconciliation Statement**

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 49,053
(B) Funds Requested.....	\$ 52
(C) Remaining Contract Balance.....	\$ 49,001

I hereby certify that the above information is correct to the best of my knowledge. Copies of the documentation for project expenditures and revenues are being retained in the project files.

\_\_\_\_\_  
Signature of Authorized Official

1 March 2012  
Date

Please sign below only after all operating grant expenditures have been completed.

The above grant is complete. No contract amendment will be submitted and close-out procedures may be started.

\_\_\_\_\_  
Signature of Authorized Official

1 March 2012  
Date