

**Mobility Management Invoice
Capital Reimbursement Invoice**

Grantee: Community Action Commission of Fayette County

Project: CRD-0024-005-011

Contract Amount: \$50,000

Federal Grant #: OH-16-X005

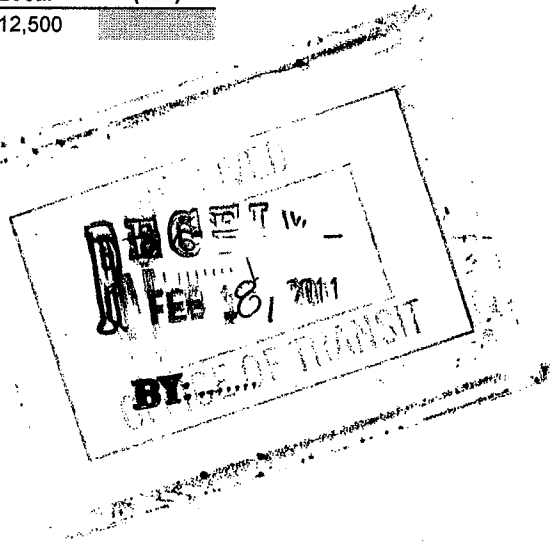
Date Submitted: 2/14/2011

Invoice Sequence Number: 1 (Each project begins with Sequence Number 1)

Period Covered: From: 1/1/2011 To: 1/31/2011

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$62,500	\$50,000	\$12,500	

Account Code	Expense Description	Monthly Expenses	Year To Date Expenses
501	Labor	\$2,914	\$2,914
502	Fringe Benefits	\$900	\$900
503	Purchased Services		
	Advertising Agency		
	Custodial Service		
	Other		
504	Office Supplies (for Mobility Manager only)		
505	Utilities	\$78	\$78
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$30	\$30
509	Miscellaneous:		
	Dues & Subscriptions		
	Travel & Meetings	\$33	\$33
	Marketing		
	Other		
512	Lease of Office Space for Mobility Manager	\$200	\$200
Total Mobility Management Expenses		\$4,155	\$4,155



	Current Month	Year To Date
(1) Total Eligible Expenses.....	\$4,155	\$4,155
(2) Eligible Ohio Coordination Reimbursement (80% of Line 1).....	\$3,324	\$3,324

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice.).....	\$50,000
(B) Funds Requested.....	\$3,324
(C) Remaining Contract Balance.....	\$46,676

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

[Handwritten Signature]
Signature of Authorized Official

2/14/11
Date

Please sign below only after all 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 _____ Date _____