

# Ohio Department of Transportation

## Mobility Management Expenses Reimbursement Invoice for FTA Grant Program Subrecipients

Subrecipient (Grantee): **Community Action Committee of Pike County**  
 Project Number: **JARC-0066-043-102** Contract Amount: **\$51,733**  
 CFDA Number: **20.516** Date Submitted: **1/24/12**  
 Invoice Sequence Number: **12** (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)
<b>11.7L.00</b>	<b>Capital for Mobility Management Activities</b>	<b>\$64,666</b>	<b>\$51,733</b>	<b>\$12,933</b>	<b>N</b>

Account Code	Expense Description	Expenses This Reporting Period	Total Expenses Previously Submitted	Total Expenses
501	Labor	\$ 7,307	\$ 34,170	\$ 41,477
502	Fringe Benefits	\$ 2,757	\$ 15,386	\$ 18,143
503	Purchased Services:	\$ -	\$ -	\$ -
	Advertising Agency	\$ -	\$ -	\$ -
	Custodial Service	\$ -	\$ -	\$ -
	Other	\$ -	\$ -	\$ -
504	Office Supplies (for Mobility Manager only)	\$ -	\$ 404	\$ 404
505	Utilities	\$ -	\$ -	\$ -
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -	\$ -	\$ -
509	Miscellaneous:	\$ 400	\$ 4,242	\$ 4,642
	Dues & Subscriptions	\$ -	\$ -	\$ -
	Travel & Meetings	\$ -	\$ 200	\$ 200
	Marketing	\$ -	\$ -	\$ -
	Other	\$ 400	\$ 4,042	\$ 4,442
512	Lease of Office Space for Mobility Manager	\$ -	\$ -	\$ -
518	Indirect per Cost Allocation Plan	\$ -	\$ -	\$ -
<b>Total Mobility Management Expenses</b>		<b>\$ 10,464</b>	<b>\$ 54,202</b>	<b>\$ 64,666</b>

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 10,464	\$ 54,202	\$ 64,666
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 8,371	\$ 43,361	\$ 51,732

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 8,377
(B) Funds Requested.....	\$ 8,371
(C) Remaining Contract Balance.....	\$ 6

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

\_\_\_\_\_  
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.

*Roy Roberts*  
\_\_\_\_\_  
Signature of Authorized Official

*2/6/12*  
\_\_\_\_\_  
Date