

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

Grantee: **Community Action Partnership of Greater Dayton**  
 Project: **CRD-0068-005-011** Contract Amount: **\$78,292**  
 Federal Grant: **OH-16-X005** Date Submitted: **11/7/11**  
 Invoice Sequence Number: **11** (Each project begins with sequence number 1)  
 Reporting Period Covered by this Invoice: From: **11/1/11** To: **11/30/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$97,865	\$78,292	\$19,573	N

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 3,050		\$ 27,304		\$ 30,354	
502	Fringe Benefits	\$ 1,120		\$ 9,544		\$ 10,664	
503	Purchased Services:	\$ -		\$ -		\$ -	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
504	Office Supplies (for Mobility Manager only)	\$ 12		\$ 114		\$ 126	
505	Utilities	\$ -		\$ -		\$ -	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ -		\$ -	
509	Miscellaneous:	\$ 172		\$ 3,967		\$ 4,139	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ 631		\$ 631	
	Marketing	\$ -		\$ 2,500		\$ 2,500	
	Other	\$ 172		\$ 836		\$ 1,008	
512	Lease of Office Space for Mobility Manager	\$ 139		\$ 1,888		\$ 2,027	
<b>Total Mobility Management Expenses</b>		<b>\$ 4,493</b>		<b>\$ 42,817</b>		<b>\$ 47,310</b>	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 4,493	\$ 42,817	\$ 47,310
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 3,594	\$ 34,253	\$ 37,847

**Reconciliation Statement**

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 44,041
(B) Funds Requested.....	\$ 3,594
(C) Remaining Contract Balance.....	\$ 40,447

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

12/7/2011  
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

Date