

**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: **10/6/11**  
 Invoice Sequence Number: **9** (Each project begins with sequence number 1)  
 Reporting Period Covered by this Invoice: From: **9/1/11** To: **9/30/11**

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	\$	4,397	\$	20,129	\$	24,526
502	Fringe Benefits	\$	1,318	\$	7,163	\$	8,481
503	Purchased Services:	\$	-	\$	-	\$	-
	Advertising Agency	\$	-	\$	-	\$	-
	Custodial Service	\$	-	\$	-	\$	-
	Other	\$	-	\$	-	\$	-
504	Office Supplies (for Mobility Manager only)	\$	76	\$	25	\$	101
505	Utilities	\$	-	\$	-	\$	-
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$	-	\$	-	\$	-
509	Miscellaneous:	\$	2,663	\$	2,410	\$	5,073
	Dues & Subscriptions	\$	-	\$	-	\$	-
	Travel & Meetings	\$	-	\$	1,830	\$	1,830
	Marketing	\$	2,500	\$	-	\$	2,500
	Other	\$	163	\$	580	\$	743
512	Lease of Office Space for Mobility Manager	\$	239	\$	1,498	\$	1,737
<b>Total Mobility Management Expenses</b>		\$	<b>8,693</b>	\$	<b>31,225</b>	\$	<b>39,918</b>

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 8,693	\$ 31,225	\$ 39,918
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 6,954	\$ 24,980	\$ 31,934

**Reconciliation Statement**

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 53,314
(B) Funds Requested.....	\$ 6,954
(C) Remaining Contract Balance.....	\$ 46,360

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 10/6/2011  
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