

Ohio Department of Transportation
JARC/New Freedom Operating Reimbursement Invoice

Grantee: **Clark County Board of Developmental Disabilities**
 Project: **JARC-4012-079-101** Contract Amount: **\$105,367**
 Federal Grant: **OH-37-X079** Date Submitted: **10/21/11**
 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) |
|----------|-------------|-----------|-----------|-----------|----------------|
| 30.09.00 | Operating | \$210,734 | \$105,367 | \$105,367 | N |

| Account Code | Expense Description | Expenses | | Total Expenses Previously Submitted | | Total Expenses | |
|--------------|---------------------------------|-----------------------|--|-------------------------------------|--|------------------|--|
| | | This Reporting Period | | | | | |
| 501 | Labor | \$ 3,806 | | \$ 29,731 | | \$ 33,537 | |
| 502 | Fringe Benefits | \$ 664 | | \$ 5,187 | | \$ 5,851 | |
| 503 | Purchased Services | \$ - | | \$ - | | \$ - | |
| 504 | Vehicle & Office Supplies | \$ 360 | | \$ 3,562 | | \$ 3,922 | |
| | Fuel & Lubricants | \$ 360 | | \$ 3,562 | | \$ 3,922 | |
| | Other Supplies | \$ - | | \$ - | | \$ - | |
| 505 | Utilities | \$ - | | \$ - | | \$ - | |
| 506 | Insurance - Vehicle Liability | \$ 52 | | \$ 416 | | \$ 468 | |
| 507 | Taxes | \$ - | | \$ - | | \$ - | |
| 508 | Purchase Transportation Service | \$ 380 | | \$ 2,245 | | \$ 2,625 | |
| 509 | Miscellaneous: | \$ - | | \$ - | | \$ - | |
| | Dues & Subscriptions | \$ - | | \$ - | | \$ - | |
| | Travel & Meetings | \$ - | | \$ - | | \$ - | |
| | Marketing | \$ - | | \$ - | | \$ - | |
| | Other | \$ - | | \$ - | | \$ - | |
| 511 | Interest Expenses | \$ - | | \$ - | | \$ - | |
| 512 | Leases & Rentals: | \$ 4,165 | | \$ 36,244 | | \$ 40,409 | |
| | Passenger Revenue Vehicles | \$ 3,435 | | \$ 27,478 | | \$ 30,913 | |
| | Maintenance Garages | \$ 221 | | \$ 2,185 | | \$ 2,406 | |
| | Administration Facilities | \$ 509 | | \$ 6,581 | | \$ 7,090 | |
| 600 | Other Costs | \$ - | | \$ - | | \$ - | |
| | Total Operating Expenses | \$ 9,427 | | \$ 77,385 | | \$ 86,812 | |

| | Current Period | Total Previously Submitted | Total |
|---|----------------|----------------------------|-----------|
| (1) Total Eligible Operating Expenses..... | \$ 9,427 | \$ 77,385 | \$ 86,812 |
| (2) Fare Box and Related Revenues..... | \$ - | \$ - | \$ - |
| (3) Net Project Cost (Line 1 - Line 2)..... | \$ 9,427 | \$ 77,385 | \$ 86,812 |
| (4) Eligible Federal Reimbursement (50% of Line 3)..... | \$ 4,713 | \$ 38,692 | \$ 43,405 |
| (5) Federal Reimbursement Requested..... | \$ 4,713 | \$ 38,692 | \$ 43,405 |

(over)

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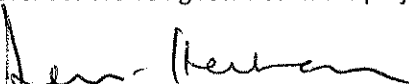
| Local Share Confirmation | | |
|---|----|--------------|
| To be completed quarterly with invoices for March, June, September and December | | |
| | | Year to Date |
| (6) JARC/New Freedom Funds Received (including this invoice)..... | \$ | 43,405 |
| (7) Local Match Required..... | \$ | 43,407 |
| (8) Local Match Provided (List below by source)..... | \$ | 43,407 |
| a. Revenue from Contracts/MOUs..... | \$ | - |
| b. Non-DOT Federal Commitments..... | \$ | - |
| c. Local Cash..... | \$ | 43,407 |
| d. Other (Please specify below by source)..... | \$ | - |
| _____ | \$ | - |
| _____ | \$ | - |
| _____ | \$ | - |
| _____ | \$ | - |

Line 8 must be greater than or equal to Line 7

Reconciliation Statement

| | |
|--|-----------------|
| (A) Operating Contract Beginning Balance (Line C from previous invoice)..... | \$66,677 |
| (B) Operating Funds Requested..... | \$ 4,713 |
| (C) Remaining Operating Contract Balance..... | \$ 61,964 |

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

10/21/2011
 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

Questions about this form? Contact David Walker at (614) 644-0301 or david.walker@dot.state.oh.us.