

## Ohio Department of Transportation

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

Subrecipient (Grantee): **Country Neighbor Program Inc.**

Project Number: **NF-0004-031-091**

Contract Amount: **\$138,240**

CFDA Number: **20.521**

Date Submitted: **3/14/2012**

Invoice Sequence Number: **1/1** (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)
<b>11.7L.00</b>	<b>Capital for Mobility Management Activities</b>	<b>\$172,800</b>	<b>\$138,240</b>	<b>\$34,560</b>	<b>N</b>

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 1,923		\$ 13,143		\$ 15,066	
502	Fringe Benefits	\$ 252		\$ 1,789		\$ 2,041	
503	Purchased Services:	\$ -		\$ 51		\$ 51	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ 51		\$ 51	
504	Office Supplies (for Mobility Manager only)	\$ 50		\$ 9		\$ 59	
505	Utilities	\$ 19		\$ 101		\$ 120	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ -		\$ -	
509	Miscellaneous:	\$ -		\$ 1,110		\$ 1,110	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ 384		\$ 384	
	Marketing	\$ -		\$ -		\$ -	
	Other	\$ -		\$ 726		\$ 726	
512	Lease of Office Space for Mobility Manager	\$ -		\$ -		\$ -	
518	Indirect per Cost Allocation Plan	\$ -		\$ -		\$ -	
<b>Total Mobility Management Expenses</b>		<b>\$ 2,244</b>		<b>\$ 16,203</b>		<b>\$ 18,447</b>	

	<u>Current Period</u>	<u>Total Previously Submitted</u>	<u>Total</u>
(1) Total Eligible Expenses.....	\$ 2,244	\$ 16,203	\$ 18,447
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 1,795	\$ 12,962	\$ 14,757

#### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 125,281
(B) Funds Requested.....	\$ 1,795
(C) Remaining Contract Balance.....	\$ 123,486

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

3/14/2012  
\_\_\_\_\_  
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