

Ohio Department of Transportation

Mobility Management Expenses Reimbursement Invoice for FTA Grant Program Subrecipients

Subrecipient (Grantee): **Hocking, Athens Perry Community Action**

Project Number: **CRD-0005-005-011**

Contract Amount: **\$77,334**

Received

CFDA Number: 20.513

Date Submitted: 3/20/12

MAR 21 2012

Invoice Sequence Number: 4 (Each project begins with sequence number 1)

Reporting Period Covered by this Invoice:

From: 7/1/11

To: 9/30/11

Office of Transit
Complete

FTA Code	Description	Total	Federal	Local	(Y/N)
11.7L.00	Capital for Mobility Management Activities	\$96,668	\$77,334	\$19,334	N

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period	Total	Total	Total	Total	Total
501	Labor	\$ -	\$ -	\$ 33,006	\$ 33,006	\$ 33,006	\$ 33,006
502	Fringe Benefits	\$ -	\$ -	\$ 10,711	\$ 10,711	\$ 10,711	\$ 10,711
503	Purchased Services:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Advertising Agency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Custodial Service	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
504	Office Supplies (for Mobility Manager only)	\$ -	\$ -	\$ 226	\$ 226	\$ 226	\$ 226
505	Utilities	\$ -	\$ -	\$ 392	\$ 392	\$ 392	\$ 392
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
509	Miscellaneous:	\$ 111	\$ 111	\$ 2,273	\$ 2,273	\$ 2,384	\$ 2,384
	Dues & Subscriptions	\$ -	\$ -	\$ 350	\$ 350	\$ 350	\$ 350
	Travel & Meetings	\$ 111	\$ 111	\$ 1,378	\$ 1,378	\$ 1,489	\$ 1,489
	Marketing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other	\$ -	\$ -	\$ 545	\$ 545	\$ 545	\$ 545
512	Lease of Office Space for Mobility Manager	\$ -	\$ -	\$ 1,093	\$ 1,093	\$ 1,093	\$ 1,093
518	Indirect per Cost Allocation Plan	\$ -	\$ -	\$ 3,855	\$ 3,855	\$ 3,855	\$ 3,855
Total Mobility Management Expenses		\$ 111	\$ 111	\$ 51,556	\$ 51,556	\$ 51,667	\$ 51,667

	<u>Current Period</u>	<u>Total Previously Submitted</u>	<u>Total</u>
(1) Total Eligible Expenses.....	\$ 111	\$ 51,556	\$ 51,667
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 88	\$ 41,244	\$ 41,332

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 36,090
(B) Funds Requested.....	\$ 88
(C) Remaining Contract Balance.....	\$ 36,002

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

3/20/12

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