

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: _____

MAR 19 2012

Invoice Sequence Number: **5** (Each project begins with sequence number 1)

Reporting Period Covered by this Invoice:

From: **10/1/11**

To: **12/31/11**

Office of Transit
Complete

FTA Code	Description	Total	Federal	Local	Complete (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					
501	Labor	\$ 22,766		\$ 33,006		\$ 55,772	
502	Fringe Benefits	\$ 4,028		\$ 10,711		\$ 14,739	
503	Purchased Services:	\$ 111		\$ -		\$ 111	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ 111		\$ -		\$ 111	
504	Office Supplies (for Mobility Manager only)	\$ 152		\$ 226		\$ 378	
505	Utilities	\$ 356		\$ 392		\$ 748	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ -		\$ -	
509	Miscellaneous:	\$ 1,876		\$ 2,384		\$ 4,260	
	Dues & Subscriptions	\$ -		\$ 350		\$ 350	
	Travel & Meetings	\$ 692		\$ 1,489		\$ 2,181	
	Marketing	\$ 23		\$ -		\$ 23	
	Other	\$ 1,161		\$ 545		\$ 1,706	
512	Lease of Office Space for Mobility Manager	\$ 798		\$ 1,093		\$ 1,891	
518	Indirect per Cost Allocation Plan	\$ 3,279		\$ 3,855		\$ 7,134	
Total Mobility Management Expenses		\$ 33,366		\$ 51,667		\$ 85,033	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 33,366	\$ 51,667	\$ 85,033
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 26,692	\$ 41,333	\$ 68,025

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 36,002
(B) Funds Requested.....	\$ 26,692
(C) Remaining Contract Balance.....	\$ 9,310

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

3/15/12
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