

Attn: David Walker

Ohio Department of Transportation

Mobility Management Expenses Reimbursement Invoice for FTA Grant Program Subrecipients

Subrecipient (Grantee): **Hardin County Council on Aging, Inc.**

Project Number: **CRD-0033-005-011**

Contract Amount: **\$22,118**

Received

CFDA Number: **20.513**

Date Submitted: **9/19/11**

OCT 19 2011

Invoice Sequence Number: **3** (Each project begins with sequence number 1)

Reporting Period Covered by this Invoice:

From: **9/1/11**

To: **9/30/11**

Office of Transit

Complete
(Y/N)

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$27,648	\$22,118	\$5,530	N

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor		\$ 2,149		\$ 4,302		\$ 6,451
502	Fringe Benefits		\$ 404		\$ 808		\$ 1,212
503	Purchased Services:		\$ 1,350		\$ 2,331		\$ 3,681
	Advertising Agency	\$ 1,205		\$ 1,616		\$ 2,821	
	Custodial Service	\$ 68		\$ 140		\$ 208	
	Other	\$ 77		\$ 575		\$ 652	
504	Office Supplies (for Mobility Manager only)		\$ 63		\$ 113		\$ 176
505	Utilities		\$ 72		\$ 302		\$ 374
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		\$ 62				\$ 62
509	Miscellaneous:		\$ 702		\$ 797		\$ 1,499
	Dues & Subscriptions	\$ 57		\$ 24		\$ 81	
	Travel & Meetings	\$ 118				\$ 118	
	Marketing	\$ 224		\$ 713		\$ 937	
	Other	\$ 303		\$ 60		\$ 363	
512	Lease of Office Space for Mobility Manager		\$ -		\$ -		\$ -
518	Indirect per Cost Allocation Plan		\$ -		\$ -		\$ -
Total Mobility Management Expenses			\$ 4,802		\$ 8,653		\$ 13,455

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 4,802	\$ 8,653	\$ 13,455
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 3,841	\$ 6,922	\$ 10,763

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 15,196
(B) Funds Requested.....	\$ 3,841
(C) Remaining Contract Balance.....	\$ 11,355

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.

Shirley P. Taylor
Signature of Authorized Official

10-19-11
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 _____