

Ohio Department of Transportation

Mobility Management Reimbursement Invoice

Grantee: **Jackson-Vinton Community Action, Inc.**
 Project: **CRD-0040-005-011** Contract Amount: **\$50,304**
 Federal Grant: **OH-16-X005** Date Submitted: **1/17/12**
 Invoice Sequence Number: **4** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **10/1/11** To: **12/31/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$62,880	\$50,304	\$12,576	y

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 10,500		\$ 24,940		\$ 35,440	
502	Fringe Benefits	\$ 1,616		\$ 4,734		\$ 6,350	
503	Purchased Services:	\$ 125		\$ 420		\$ 545	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ 125		\$ -		\$ 125	
	Other	\$ -		\$ 420		\$ 420	
504	Office Supplies (for Mobility Manager only)	\$ 29		\$ 831		\$ 860	
505	Utilities	\$ 374		\$ 1,378		\$ 1,752	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ 141		\$ 141	
509	Miscellaneous:	\$ 120		\$ 1,299		\$ 1,419	
	Dues & Subscriptions	\$ -		\$ 1		\$ 1	
	Travel & Meetings	\$ 120		\$ 155		\$ 275	
	Marketing	\$ -		\$ 1,143		\$ 1,143	
	Other	\$ -		\$ -		\$ -	
512	Lease of Office Space for Mobility Manager	\$ 92		\$ 274		\$ 366	
Total Mobility Management Expenses		\$ 12,856		\$ 34,017		\$ 46,873	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 12,856	\$ 34,017	\$ 46,873
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 10,284	\$ 27,213	\$ 37,497

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 23,090
(B) Funds Requested.....	\$ 10,284
(C) Remaining Contract Balance.....	\$ 12,806

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.

Cheryl Bressen
Signature of Authorized Official

1/17/12
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.

Cheryl Bressen
Signature of Authorized Official

1/17/12
Date