

# Ohio Department of Transportation

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

Subrecipient (Grantee): **Mercer County Commissioners**

Project Number: **CRD-0054-005-011**

Contract Amount: **\$53,154**

CFDA Number: 20.513

Date Submitted: \_\_\_\_\_

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**

**Complete  
(Y/N)**

| FTA Code        | Description                                       | Total           | Federal         | Local           | Complete<br>(Y/N) |
|-----------------|---|-----------------|-----------------|-----------------|-------------------|
| <b>11.7L.00</b> | <b>Capital for Mobility Management Activities</b> | <b>\$66,443</b> | <b>\$53,154</b> | <b>\$13,289</b> | <b>N</b>          |

| Account Code                              | Expense Description  | Expenses<br>This Reporting Period | Total Expenses Previously<br>Submitted | Total Expenses   |
|---|--|-----------------------------------|--|------------------|
| 501                                       | Labor  | \$ 10,453                         | \$ 20,947                              | \$ 31,400        |
| 502                                       | Fringe Benefits  | \$ 1,632                          | \$ 3,814                               | \$ 5,446         |
| 503                                       | Purchased Services:  | \$ 3,036                          | \$ 65                                  | \$ 3,101         |
|   | Advertising Agency   | \$ -                              | \$ 27                                  | \$ 27            |
|   | Custodial Service  | \$ 36                             | \$ 38                                  | \$ 74            |
|   | Other  | \$ 3,000                          | \$ -                                   | \$ 3,000         |
| 504                                       | Office Supplies (for Mobility Manager only)  | \$ 455                            | \$ 1,257                               | \$ 1,712         |
| 505                                       | Utilities  | \$ 102                            | \$ 157                                 | \$ 259           |
| 506                                       | Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members | \$ -                              | \$ 2,563                               | \$ 2,563         |
| 509                                       | Miscellaneous:   | \$ 933                            | \$ 1,213                               | \$ 2,146         |
|   | Dues & Subscriptions   | \$ 75                             | \$ 79                                  | \$ 154           |
|   | Travel & Meetings  | \$ -                              | \$ -                                   | \$ -             |
|   | Marketing  | \$ -                              | \$ -                                   | \$ -             |
|   | Other  | \$ 858                            | \$ 1,134                               | \$ 1,992         |
| 512                                       | Lease of Office Space for Mobility Manager   | \$ 644                            | \$ 1,274                               | \$ 1,918         |
| 518                                       | Indirect per Cost Allocation Plan  | \$ -                              | \$ -                                   | \$ -             |
| <b>Total Mobility Management Expenses</b> |  | <b>\$ 17,255</b>                  | <b>\$ 31,290</b>                       | <b>\$ 48,545</b> |

|   | Current Period | Total Previously Submitted | Total     |
|---|----------------|----------------------------|-----------|
| (1) Total Eligible Expenses.....                        | \$ 17,255      | \$ 31,290                  | \$ 48,545 |
| (2) Eligible Federal Reimbursement (80% of Line 1)..... | \$ 13,804      | \$ 25,032                  | \$ 38,836 |

### Reconciliation Statement

|  |           |
|--|-----------|
| (A) Contract Beginning Balance (Line C from previous invoice)..... | \$ 28,123 |
| (B) Funds Requested.....   | \$ 13,804 |
| (C) Remaining Contract Balance.....                                | \$ 14,319 |

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

12-15-11  
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