

Mobility Management Invoice Capital Reimbursement Invoice

Grantee: PSA 3 Agency on Aging, Inc.

Project: NF-0002-031-091

Contract Amount: 150,658

Federal Grant: CFDA#20.521

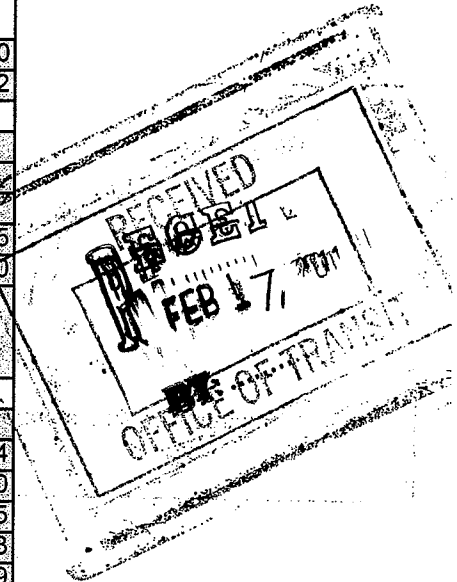
Date Submitted: 2/14/2011

Invoice Sequence Number: 13^{OW} (Each project begins with Sequence Number 1)

Period Covered: From: 1/1/2011 To: 1/31/2011

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$188,322	\$150,658	\$37,664	N

Account Code	Expense Description	Monthly Expenses	Year To Date Expenses
501	Labor	\$8,267	\$48,860
502	Fringe Benefits	\$1,056	\$7,592
503	Purchased Services		
	Advertising Agency		
	Custodial Service		
	Other		
504	Office Supplies (for Mobility Manager only)		\$205
505	Utilities	\$149	\$1,040
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		
509	Miscellaneous:		
	Dues & Subscriptions		
	Travel & Meetings		\$2,464
	Marketing		\$1,880
	Other		\$55
512	Lease of Office Space for Mobility Manager	\$125	\$1,393
	Total Mobility Management Expenses	\$9,597	\$63,489



	<u>Current Month</u>	<u>Year To Date</u>
(1) Total Eligible Expenses.....	\$9,597	\$63,489
(2) Eligible Ohio Coordination Reimbursement (80% of Line 1).....	\$7,678	\$50,791

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$107,544
(B) Funds Requested.....	\$7,678
(C) Remaining Contract Balance.....	\$99,866

I hereby certify that the above information is correct to the best of my knowledge. Copies of the documentation for project expenditures are being retained in the project files.

Signature of Authorized Official

2/15/11

Date

Please sign below only after all 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