

Grantee: **Preble County Council on Aging**
 Project: **NF-4068-0038-111** Contract Amount: **\$77,000**
 Federal Grant: **OH-57-X038** Date Submitted: **4/14/11**
 Invoice Sequence Number: **3** (Each project begins with sequence number 1)
 Reporting Period Covered by this Invoice: From: **3/1/11** To: **3/31/11**

Received
APR 18 2011

Office of Transit

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
30.09.00	Operating	\$154,000	\$77,000	\$77,000	N

Account Code	Expense Description	Expenses This Reporting Period	Total Expenses Previously Submitted	Total Expenses
501	Labor	\$ 7,202	\$ 14,211	\$ 21,413
502	Fringe Benefits	\$ 380	\$ 748	\$ 1,128
503	Purchased Services	\$ -	\$ -	\$ -
504	Vehicle & Office Supplies	\$ 2,076	\$ 3,374	\$ 5,450
	Fuel & Lubricants	\$ 1,575	\$ 1,607	\$ 3,182
	Other Supplies	\$ 501	\$ 131	\$ 632
505	Utilities	\$ -	\$ -	\$ -
506	Insurance - Vehicle Liability	\$ 400	\$ 1,600	\$ 2,000
507	Taxes	\$ -	\$ -	\$ -
508	Purchase Transportation Service	\$ -	\$ -	\$ -
509	Miscellaneous:	\$ -	\$ -	\$ -
	Dues & Subscriptions	\$ -	\$ -	\$ -
	Travel & Meetings	\$ -	\$ -	\$ -
	Marketing	\$ -	\$ -	\$ -
	Other	\$ -	\$ -	\$ -
511	Interest Expenses	\$ -	\$ -	\$ -
512	Leases & Rentals:	\$ -	\$ -	\$ -
	Passenger Revenue Vehicles	\$ -	\$ -	\$ -
	Maintenance Garages	\$ -	\$ -	\$ -
	Administration Facilities	\$ -	\$ -	\$ -
600	Other Costs	\$ 3,085	\$ 6,594	\$ 9,679
	Total Operating Expenses	\$ 13,143	\$ 26,527	\$ 39,670

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Operating Expenses.....	\$ 13,143	\$ 26,527	\$ 39,670
(2) Fare Box and Related Revenues.....	\$ -	\$ -	\$ -
(3) Net Project Cost (Line 1 - Line 2).....	\$ 13,143	\$ 26,527	\$ 39,670
(4) Eligible Federal Reimbursement (50% of Line 3).....	\$ 6,571	\$ 13,263	\$ 19,834
(5) Federal Reimbursement Requested.....	\$ 6,571	\$ 13,263	\$ 19,834

(over)

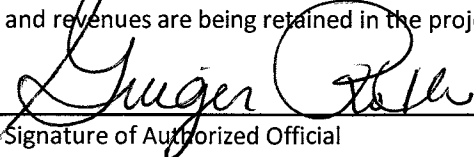
Local Share Confirmation		
To be completed quarterly with invoices for March, June, September and December		
		Year to Date
(6) JARC/New Freedom Funds Received (including this invoice).....	\$	19,834
(7) Local Match Required.....	\$	19,836
(8) Local Match Provided (List below by source).....	\$	-
a. Revenue from Contracts/MOUs.....	\$	-
b. Non-DOT Federal Commitments.....	\$	-
c. Local Cash.....	\$	-
d. Other (Please specify below by source).....	\$	-
.....	\$	-
.....	\$	-
.....	\$	-
.....	\$	-

Line 8 must be greater than or equal to Line 7

Reconciliation Statement

(A) Operating Contract Beginning Balance (Line C from previous invoice).....	\$	63,737
(B) Operating Funds Requested.....	\$	6,571
(C) Remaining Operating Contract Balance.....	\$	57,166

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

4/14/11

 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