

# Ohio Department of Transportation

## Mobility Management Reimbursement Invoice

**Grantee:** Trumbull County Commissioners  
**Project:** CRD-0078-003-091 **Contract Amount:** \$48,000  
**Federal Grant:** OH-16-X003 **Date Submitted:** 3/8/11  
**Invoice Sequence Number:** 4 (Each project begins with sequence number 1)  
**Reporting Period Covered by this Invoice:** From: 2/1/11 To: 2/28/11

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities	\$60,000	\$48,000	\$12,000	N

Account Code	Expense Description	Expenses		Total Expenses Previously Submitted		Total Expenses	
		This Reporting Period					
501	Labor	\$ 2,692		\$ 26,923		\$ 29,615	
502	Fringe Benefits	\$ 2,082		\$ 13,698		\$ 15,780	
503	Purchased Services:	\$ -		\$ -		\$ -	
	Advertising Agency	\$ -		\$ -		\$ -	
	Custodial Service	\$ -		\$ -		\$ -	
	Other	\$ -		\$ -		\$ -	
504	Office Supplies (for Mobility Manager only)	\$ 105		\$ 487		\$ 592	
505	Utilities	\$ -		\$ -		\$ -	
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ -		\$ -		\$ -	
509	Miscellaneous:	\$ -		\$ 845		\$ 845	
	Dues & Subscriptions	\$ -		\$ -		\$ -	
	Travel & Meetings	\$ -		\$ 372		\$ 372	
	Marketing	\$ -		\$ 445		\$ 445	
	Other	\$ -		\$ 28		\$ 28	
512	Lease of Office Space for Mobility Manager	\$ -		\$ -		\$ -	
<b>Total Mobility Management Expenses</b>		<b>\$ 4,879</b>		<b>\$ 41,953</b>		<b>\$ 46,832</b>	

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 4,879	\$ 41,953	\$ 46,832
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 3,903	\$ 33,562	\$ 37,465

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 14,438
(B) Funds Requested.....	\$ 3,903
(C) Remaining Contract Balance.....	\$ 10,535

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

03-07-2011  
 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

**Trumbull County  
Mobility Management  
106 High Street N.W.  
Warren, Ohio 44481**

**Received  
MAR 17 2011  
Office of Transit**

March 14, 2011

Mr. David Walker  
Program Coordinator  
Office of Transit  
Ohio Department of Transportation  
1980 West Broad Street, 2<sup>nd</sup> Floor  
Columbus, Ohio 43223

Dear Mr. Walker:

Please find enclosed two original copies of the Mobility Management Reimbursement Invoice for the Ohio Coordination Program grant of Trumbull County.

Our Project is # CRD-0078-003-091.

The invoices are for the time periods of 1/1/11 – 1/31/11 and 2/1/11 – 2/28/11.

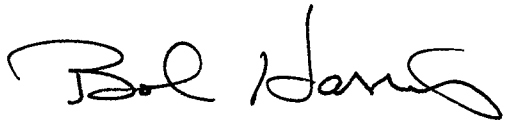
During this time, the Trumbull County Mobility Management Program was chiefly finalizing a feasibility study on countywide transit. Other significant accomplishments during this period (1/1/11 – 2/28/11) include the following:

- Assisted the New Start Program and the St Joseph Health Center of the Humility of Mary Health Partners in obtaining information on purchasing 100+ prepaid travel vouchers for clients and patients with local transportation providers. These organizations intend to make additional purchases throughout the year.
- Initialized discussion with Trumbull Career and Technical Center for their assistance in creating a brochure identifying area transportation providers.
- Attended a meeting of a group that represents teenagers and young adults to discuss and identify transportation barriers they routinely encounter. This group is interested in solutions to help them obtain transportation to part-time and full-time employment

opportunities, as well as, to universities and trade/career schools. They meet monthly and I have agreed to continue to attend their meetings.

If you have any questions, please do not hesitate to contact me.

Sincerely

A handwritten signature in black ink that reads "Bob Harris". The signature is written in a cursive, flowing style.

Bob Harris  
Mobility Manager

Enclosures: Project # CRD-0078-003-091, Invoice for 1/1/11 – 1/31/11.  
Project # CRD-0078-003-091, Invoice for 2/1/11 – 2/28/11.