

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:** **3/7/11**
Invoice Sequence Number: **3** (Each project begins with sequence number 1)
Reporting Period Covered by this Invoice: **From: 1/1/11 To: 1/31/11**

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		\$ 24,231		\$ 26,923
502	Fringe Benefits		\$ 681		\$ 13,017		\$ 13,698
503	Purchased Services:						
	Advertising Agency	\$ -		\$ -			
	Custodial Service	\$ -		\$ -			
	Other	\$ -		\$ -			
504	Office Supplies (for Mobility Manager only)		\$ -		\$ 487		\$ 487
505	Utilities		\$ -		\$ -		\$ -
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		\$ -		\$ -		\$ -
509	Miscellaneous:		\$ 86		\$ 759		\$ 845
	Dues & Subscriptions	\$ -		\$ -			
	Travel & Meetings	\$ 83		\$ 289		\$ 372	
	Marketing	\$ -		\$ 445		\$ 445	
	Other	\$ 3		\$ 25		\$ 28	
512	Lease of Office Space for Mobility Manager		\$ -		\$ -		\$ -
Total Mobility Management Expenses			\$ 3,459		\$ 38,494		\$ 41,953

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 3,459	\$ 38,494	\$ 41,953
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 2,767	\$ 30,795	\$ 33,562

Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 17,205
(B) Funds Requested.....	\$ 2,767
(C) Remaining Contract Balance.....	\$ 14,438

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, 2nd 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.

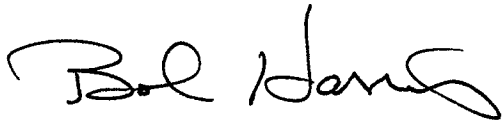
During this time, the Trumbull County Mobility Management Program was chiefly finalizing a feasibility study on countywide transit. Other significant accomplishments during this period (1/1/11 – 2/28/11) include the following:

- 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, appearing to read "Bob Harris". The signature is fluid and cursive, with the first name "Bob" and last name "Harris" clearly distinguishable.

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.