

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:** 4/18/11
Invoice Sequence Number: 5 (Each project begins with sequence number 1)
Reporting Period Covered by this Invoice: From: 3/1/11 To: 3/31/11

| 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 | | Submitted | | | |
| 501 | Labor | \$ 2,692 | | \$ 29,615 | | \$ 32,307 | |
| 502 | Fringe Benefits | \$ 4,431 | | \$ 15,780 | | \$ 20,211 | |
| 503 | Purchased Services: | \$ - | | \$ - | | \$ - | |
| | Advertising Agency | \$ - | | \$ - | | \$ - | |
| | Custodial Service | \$ - | | \$ - | | \$ - | |
| | Other | \$ - | | \$ - | | \$ - | |
| 504 | Office Supplies (for Mobility Manager only) | | | \$ 592 | | \$ 592 | |
| 505 | Utilities | \$ 3 | | \$ - | | \$ 3 | |
| 506 | Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members | \$ - | | \$ - | | \$ - | |
| 509 | Miscellaneous: | \$ 203 | | \$ 845 | | \$ 1,048 | |
| | Dues & Subscriptions | \$ - | | \$ - | | \$ - | |
| | Travel & Meetings | \$ 203 | | \$ 372 | | \$ 575 | |
| | Marketing | | | \$ 445 | | \$ 445 | |
| | Other | | | \$ 28 | | \$ 28 | |
| 512 | Lease of Office Space for Mobility Manager | \$ - | | \$ - | | \$ - | |
| Total Mobility Management Expenses | | \$ 7,329 | | \$ 46,832 | | \$ 54,161 | |

| | Current Period | Total Previously Submitted | Total |
|---|----------------|----------------------------|-----------|
| (1) Total Eligible Expenses..... | \$ 7,329 | \$ 46,832 | \$ 54,161 |
| (2) Eligible Federal Reimbursement (80% of Line 1)..... | \$ 5,863 | \$ 37,465 | \$ 43,328 |

Reconciliation Statement

| | |
|--|-----------|
| (A) Contract Beginning Balance (Line C from previous invoice)..... | \$ 10,535 |
| (B) Funds Requested..... | \$ 5,863 |
| (C) Remaining Contract Balance..... | \$ 4,672 |

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

04-18-2011
 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

TRUMNULL COUNTY
MOBILITY MANAGEMENT
106 HIGH STREET N.W.
WAREN, OHIO 44481

April 29, 2011

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

Received
MAY 02 2011
Office of Transit

Dear Mr. Walker:

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

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

The invoice is for time period 3/1/11 to 3/31/11.

Also enclose is a signed copy of the Ohio Coordination Program Mobility Management Project Report for the 1st Quarter of 2011.

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

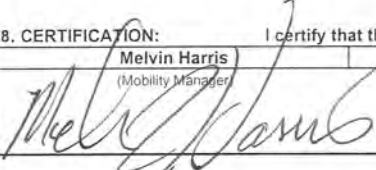
Sincerely,



Bob Harris
Mobility Manager

| OHIO COORDINATION PROGRAM | | Ohio Department of Transportation | | | |
|--|------|---|--|---|--|
| MOBILITY MANAGEMENT PROJECT REPORT | | | | | |
| 1. GRANTEE: | | Trumbull County Commissioners | | | |
| 2. PROJECT (e.g., CRD-0198-044-223): | | CRD-0078-003-091 | | | |
| 3. PERIOD COVERED | | 1st Quarter Jan. 1 - Mar. 31 | 2nd Quarter Apr. 1 - Jun. 30 | 3rd Quarter Jul. 1 - Sept. 30 | 4th Quarter Oct 1. - Dec. 31 |
| | Year | 2011 | | | |
| 4. CONTACTS: | | | | | |
| Internet-based information (web hits) | | | | | |
| Contacts: | | | | | |
| Information/referral | | | | | |
| Rider requests | | | | | |
| Trip/Itinerary planning | | | | | |
| Number of one-way trips (if MM oversees service delivery) | | | | | |
| Travel training (# of people trained): | | | | | |
| One-on-one | | | | | |
| Group | | | | | |
| Train-the-trainer | | | | | |
| Information/marketing materials distributed (# of pieces) | | | | | |
| Number of Volunteer Drivers trained | | | | | |
| Meetings/presentations/trainings where you presented | | | | | |
| Number of people to whom you presented | | | | | |
| 5. COMMENTS: | | 8 60+ | | | |
| Meetings attended and presented at included: Trumbull County Transportation Committee (3), Trumbull County Board of Commissioners (1), Trumbull County Veterans Service Commission (1), Voices of Youth Closet (1), and Youth and Young Adults Transitioning (2) | | | | | |
| 6. MOBILITY MANAGEMENT ACTIVITIES AND ACCOMPLISHMENTS THIS QUARTER: (resize rows as needed to fit your responses) | | | | | |
| (To add additional steps/milestones, copy rows 69 - 81, right-click row 82, and select Insert Copied Cells. Repeat as needed.) | | | | | |
| Step/Milestone (from your proposal) | | 2010 Goal 3: Create a coordinated transportation mobility management program between transportation providers and service providers. The coordinated services should make use of new technology and automation to improve reservations, billing, scheduling, dispatching, and service delivery, while reducing the costs that are associated with providing transit services. | | | |
| Start/End Date | | Project began approximately August 2010, ended February 2011 | | | |
| Activities this quarter | | Research, analysis, and completion of the document | | | |
| Information materials/marketing: | | Created the Trumbull County 2011 Feasibility Study of the Countywide Transit System is intended to identify what needs to be accomplished in order to transform the Niles-Trumbull Transit System into a financially self-sufficient county operated transit system. The assessment examined key functional areas of the transit system that are considered critical for achieving this goal. The feasibility study reviewed alternative service concepts, new technology and automation, more efficient service delivery, and alternative sources of funding. | | | |
| Project description | | Policymakers of Trumbull County | | | |
| Target audience(s) | | 3 | | | |
| Number of meetings | | Meetings held with Trumbull County Board of Commissioners, Trumbull County Transportation Committee, and at the Technical Advisory Board meeting of Eastgate COG the area's MPO. Unknown number of agencies in attendance. | | | |
| Number of agencies/entities in attendance | | 3 | | | |
| Number of counties represented | | Area decision makers have become aware of the findings of the Study | | | |
| Outcomes of meetings or other activities | | Trumbull County Board of Commissioners are still reviewing their options on how to proceed with the announced closing of the Nile-Trumbull Transit System. | | | |
| Accomplishments this quarter | | | | | |
| If none, please explain | | | | | |
| Step/Milestone (from your proposal) | | 2010 Goal 2: Identify the barriers to transit services and develop strategies to integrate the services between carriers in order to provide a full range of travel options that are more effective in meeting the needs and more efficient through reasonable pricing for local area residents. | | | |
| Start/End Date | | Jan-11 | | | |
| Activities this quarter | | Brokerage of Transportation Services - Received a call to assist in the purchase of 100 travel vouchers from the Program Director of the St. Joseph New Start Treatment Program. The Program Director stated the local public transit provider would not return phone calls in order for her to purchase vouchers. Emails sent by the Mobility Manager went unanswered as well. Mobility Manager then contacted representatives of various other local transportation providers to request their assistance and interest in creating a voucher-like program to assist the Treatment Center. | | | |
| Information materials/marketing: | | | | | |
| Project description | | | | | |

| OHIO COORDINATION PROGRAM MOBILITY MANAGEMENT PROJECT REPORT | | Ohio Department of Transportation |
|--|---|-----------------------------------|
| 1. GRANTEE: | Trumbull County Commissioners | |
| 2. PROJECT (e.g., CRD-0198-044-223): | CRD-0078-003-091 | |
| Target audience(s) | Numerous phone calls were conducted to local transportation providers. | |
| Number of meetings | 4 | |
| Number of agencies/entities in attendance | 1 | |
| Number of counties represented | The local transportation providers agreed to consider a reduction to their fares depending on the distance travelled, in order to help the Treatment Center | |
| Outcomes of meetings or other activities | The Treatment Center intends to purchase 100s more vouchers throughout the balance of the year and is in contact with organizations willing to assist in this endeavor. | |
| Accomplishments this quarter If none, please explain | | |
| Step/Milestone (from your proposal) Start/End Date | 2010 Goal 2: Identify the barriers to transit services and develop strategies to integrate the services between carriers in order to provide a full range of travel options that are more effective in meeting the needs and more efficient through reasonable pricing for local area residents. February 2011 Brokerage of Transportation Services - Received call to assist a person's mother with transportation to JFS to determine eligibility for programs. During course of conversation it was determined that the person calling may be eligible for JFS program assistance as well. Mobility Manager contacted JFS whose representative stated he would contact both parties regarding program eligibility. Additionally, the Mobility Manager provided the caller with contact and fare information for the local public transit system. | |
| Activities this quarter Information materials/marketing: Project description Target audience(s) | Several phone calls | |
| Number of meetings | 1 (contacted JFS) | |
| Number of agencies/entities in attendance | 1 | |
| Number of counties represented | Mobility Manager contacted local Job and Family Services Department who promptly took contact information of caller. Job and Family Services Department personnel contacted the caller to determine eligibility for their programs. Program eligibility confirmation may take up to 4 weeks. | |
| Outcomes of meetings or other activities | | |
| Accomplishments this quarter If none, please explain | | |
| Step/Milestone (from your proposal) Start/End Date | 2010 Goal 2: Identify the barriers to transit services and develop strategies to integrate the services between carriers in order to provide a full range of travel options that are more effective in meeting the needs and more efficient through reasonable pricing for local area residents. Begin January 2011 end March 2011 Brokerage of Transportation Services - Assist two veterans who were | |
| Activities this quarter Information materials/marketing: Project description Target audience(s) | Several phone calls | |
| Number of meetings | 2 (contacted JFS and local foundation) | |
| Number of agencies/entities in attendance | 1 | |
| Number of counties represented | Mobility Manager contacted local Job and Family Services Department who promptly took contact information of veterans. Job and Family Services Department personnel contacted the veterans to determine eligibility for their programs. Program eligibility confirmation may take up to 4 weeks. Additionally, the Mobility Manager provided the veterans with contact and fare information for the local public transit system and researched if local foundation was interested in providing funding for transportation vouchers, which was determined not to be part of their mission. | |
| Outcomes of meetings or other activities | | |
| Accomplishments this quarter If none, please explain | | |
| Step/Milestone (from your proposal) Start/End Date | 2010 Goal 1: Identify the transportation providers and share information regarding their services to local provider agencies and the community, in order to facilitate increased ridership and reduced fares. April 2010 end February 2011 | |
| Activities this quarter Information materials/marketing: Project description Target audience(s) | Research, analysis, and completion of the document Finalized analysis created final results of completed survey of stakeholders within Trumbull County's transit and social/health service transportation network. Organizations identified to provide any funding, transportation, services or any combination of these features. | |

| OHIO COORDINATION PROGRAM MOBILITY MANAGEMENT PROJECT REPORT | | Ohio Department of Transportation |
|--|---|--|
| 1. GRANTEE: | Trumbull County Commissioners | |
| 2. PROJECT (e.g., CRD-0198-044-223): | CRD-0078-003-091 | |
| Number of meetings | Survey was distributed via mail and email. Numerous phone calls were also conducted. | |
| Number of agencies/entities in attendance | A total of 48 agencies/organizations responded to the survey, resulting in a 76% rate of return. | |
| Number of counties represented | 1 | |
| Outcomes of meetings or other activities | Survey allowed for a greater understanding of the area's transportation providers and social/health service organizations. Plus, approximately 80% of the organizations that provide a transportation service also operate programs for clients. This indicates a strong need for better coordination of transportation services. | |
| Accomplishments this quarter If none, please explain | The survey was completed, however, the information was not 100% inclusive of all organizations. Therefore, we shall continue to identify more stakeholders and reach out to these stakeholders so as to partner with them in order to create programs intended to enhance the availability of affordable transportation alternatives. | |
| 7. COMMENTS: | | |
| 8. CERTIFICATION: I certify that the information presented on this form is true and correct. | | |
| Melvin Harris (Mobility Manager) | 29-Apr-11 (Date) | (Prepared By) (if different from Mobility Manager) (Date) |
|  COMPLETE AND SEND TO: David.Walker@dot.state.oh.us | | |