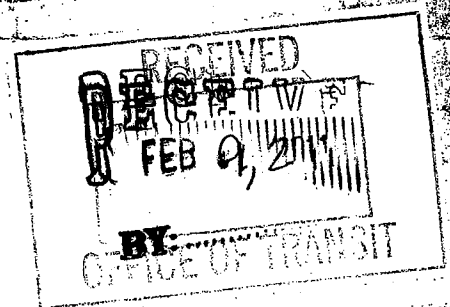


**OHIO COORDINATION PROGRAM  
Capital Reimbursement Invoice**

Grantee: **TUSCARAWAS COUNTY SENIOR CENTER** \$10,934 Local Share \$43,737 Federal Share  
 Project: **OHIO COORDINATION PROGRAM** Contract Amount: **\$43,737.00**  
 Federal Grant: **CRD-0079-002-091** Date Submitted: **1/15/2011**  
 Invoice Sequence Number: **1** (Each project begins with Sequence Number 1)  
 Period Covered: **From: Jan 1, 2011 to Jan 31, 2011**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
11.7L.00	Capital for Mobility Management Activities			\$0	

Account Code	Expense Description	Monthly Expenses	Year To Date Expenses
501	Labor	\$ 2,108.08	\$ 2,108.08
502	Fringe Benefits	\$ 732.05	\$ 732.05
503	Purchased Services		\$ -
	Advertising Agency		\$ -
	Custodial Service	\$ 32.00	\$ 32.00
	Other		\$ -
504	Office Supplies		\$ -
505	Utilities	\$ 50.00	\$ 50.00
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members		\$ -
			\$ -
			\$ -
509	Miscellaneous:		\$ -
	Dues & Subscriptions	\$ -	\$ -
	Travel & Meetings	\$ 57.12	\$ 57.12
	Marketing		\$ -
	Other	\$ 79.43	\$ 79.43
512	Lease of Office Space for Mobility Manager	\$ 250.00	\$ 250.00
	<b>Total Operating Expenses</b>	<b>\$ 3,308.68</b>	<b>\$ 3,308.68</b>



	<u>Current Month</u>	<u>Year To Date</u>
(1) Total Eligible Expenses.....	\$ 3,308.68	\$ 3,308.68
(2) Eligible Ohio Coordination Reimbursement (80% of Line 1).....	\$ 2,646.94	\$ 2,646.94

**Reconciliation Statement**

(A) Contract Beginning Balance (Line C from previous invoice.).....	\$43,737.00 <sup>6</sup>
(B) Funds Requested.....	\$ 2,646.94
(C) Remaining Contract Balance.....	\$ 41,090.06 <sup>89</sup>

Signature of Authorized Official: *[Handwritten Signature]*

Date: 2/2/11

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: *[Handwritten Signature]*

Date: 2/3/11