

# Ohio Department of Transportation

## Mobility Management Expenses Reimbursement Invoice for FTA Grant Program Subrecipients

Subrecipient (Grantee): **WSOS Community Action Commission, Inc.**  
 Project Number: **CRD-0072-005-011** Contract Amount: **\$73,630**  
 CFDA Number: **20.513** Date Submitted: **9/28/11**  
 Invoice Sequence Number: **12** (Each project begins with sequence number 1)  
 Reporting Period Covered by this Invoice: From: **8/1/11** To: **8/31/11**

FTA Code	Description	Total	Federal	Local	Complete (Y/N)
<b>11.7L.00</b>	<b>Capital for Mobility Management Activities</b>	<b>\$92,038</b>	<b>\$73,630</b>	<b>\$18,408</b>	<b>N</b>

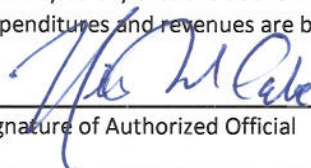
Account Code	Expense Description	Expenses This Reporting Period	Total Expenses Previously Submitted	Total Expenses
501	Labor	\$ 4,458	\$ 22,006	\$ 26,464
502	Fringe Benefits	\$ 2,894	\$ 9,886	\$ 12,780
503	Purchased Services:	\$ -	\$ -	\$ -
	Advertising Agency	\$ -	\$ -	\$ -
	Custodial Service	\$ -	\$ -	\$ -
	Other	\$ -	\$ -	\$ -
504	Office Supplies (for Mobility Manager only)	\$ -	\$ -	\$ -
505	Utilities	\$ -	\$ -	\$ -
506	Casualty & Liability Costs - Expenses for Bonding for Mobility Manager & Board Members	\$ 58	\$ 212	\$ 270
509	Miscellaneous:	\$ 983	\$ 4,452	\$ 5,435
	Dues & Subscriptions	\$ -	\$ -	\$ -
	Travel & Meetings	\$ -	\$ 105	\$ 105
	Marketing	\$ -	\$ -	\$ -
	Other	\$ 983	\$ 4,347	\$ 5,330
512	Lease of Office Space for Mobility Manager	\$ 551	\$ 1,007	\$ 1,558
518	Indirect per Cost Allocation Plan	\$ -	\$ -	\$ -
<b>Total Mobility Management Expenses</b>		<b>\$ 8,944</b>	<b>\$ 37,563</b>	<b>\$ 46,507</b>

	Current Period	Total Previously Submitted	Total
(1) Total Eligible Expenses.....	\$ 8,944	\$ 37,563	\$ 46,507
(2) Eligible Federal Reimbursement (80% of Line 1).....	\$ 7,155	\$ 30,050	\$ 37,205

### Reconciliation Statement

(A) Contract Beginning Balance (Line C from previous invoice).....	\$ 43,583
(B) Funds Requested.....	\$ 7,155
(C) Remaining Contract Balance.....	\$ 36,428

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

9/28/11  
 \_\_\_\_\_  
 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