

# 2010 DBE WORK SHEET

This worksheet is to be used to track and identity ALL Contracting Opportunities as required by the recent changes in the Federal DBE regulations. **ALL RECIPIENTS MUST COMPLETE THIS FORM.**

Please list every contracting opportunity (any opportunity to purchase a product or service).

If the product or service is provided by a governmental agency please mark N/A.

Please list each contract seperately.

City of New Castle - 1st Quarter								
A	B	C	D	E	F	G	H	I
Date	Type of Work or Service	Company/ Contractor Name	Type of Contact Fax/Phone Mail/E-mail	Dollar Amount	DBE Certified Y/N	Response	Used Y/N	Reason Not Used
7-Jan	Water/Wastewater	NC Utilities		42.53	N			No DBE/WEB on list for this item
7-Jan	Electric	Duke Energy		553.16	N			No DBE/WEB on list for this item
6-Jan	Advertising - newspaper	The Courier Times		282.26	N			No DBE/WEB on list for this item
7-Jan	Parts/Maintenance	Ace Hardware		46.43	N			No DBE/WEB on list for this item
7-Jan	Parts/Maintenance	O'Reilly Auto Parts		9.00	N			No DBE/WEB on list for this item
7-Jan	Postage reimbursement	Deborah Thornhill		6.40	N			No DBE/WEB on list for this item
15-Jan	Copier service	Xerox		34.80	N			Service Contract
15-Jan	physicals	Dr. Keith Dinklage		39.00	N			No DBE/WEB on list for this item
15-Jan	backflow inspection	House Backflow Svc		60.00	N			No DBE/WEB on list for this item
28-Jan	telephone	AT&T		221.27	N			No DBE/WEB on list for this item
28-Jan	telephone	AT&T long distance		4.77	N			No DBE/WEB on list for this item
29-Jan	natural gas	Vectren		760.60	N			No DBE/WEB on list for this item
30-Jan	Life insurance	Hartford Life Insurance		236.60	N			City contract - low bidder
3-Feb	Electric	Duke Energy		569.47	N			No DBE/WEB on list for this item
2-Feb	Tire/wheel balancing	Greensfork Alignment		48.00	N			No DBE/WEB on list for this item
2-Feb	Copier service	Xerox Corp		34.80	N			Service Contract
2-Feb	Bus risk insurance	Pfenninger Agency		15,995.00	N			City contract
2-Feb	membership	CTAA		225.00	N			No DBE/WEB on list for this item
2-Feb	fire extinguisher inspect	Expert Fire Protect.		88.50	N			No DBE/WEB on list for this item
2-Feb	repair call sequencer	ASI		25.00	N			No DBE/WEB on list for this item
2-Feb	Travel reimbursement	Deborah Thornhill		15.00	N			No DBE/WEB on list for this item
2-Feb	Rentals - rugs/towels	Cintas Corp		74.75	N			No DBE/WEB on list for this item
6-Feb	Health insurance	Anthem Insurance		52,020.66	N			City contract
4-Feb	Fuel	Harvest Land Co-op		2,430.53	N			City contract
4-Feb	Parts/Maintenance	Ace Hardware		22.10	N			No DBE/WEB on list for this item
4-Feb	Parts/Maintenance	O'Reilly Auto Parts		322.82	N			No DBE/WEB on list for this item
4-Feb	Advertising - newspaper	Courier-times		164.72	N			No DBE/WEB on list for this item
10-Feb	Water/Wastewater	NC Utilities		42.53	N			No DBE/WEB on list for this item

City of New Castle - 1st Quarter

[illegible]

# TRIP DENIAL FORM

City of New Castle

Date 1st Qtr 2010

ADA Definition: One hour before/after the requested time, if it is within your service area and service times.

Debra Lundy

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[illegible]

Destination Examples:

Health Care  
Employment

Social / Recreation  
Family / Friends

Shopping  
Education / Training

Church  
Business

**INDIANA DEPARTMENT OF TRANSPORTATION  
CONTRACT INVOICE - VOUCHER**

State Form 3211(R6/6-02) Approved by State Board of Accounts - July 1, 2002

**CONTRACTOR'S NAME & ADDRESS**

City of New Castle  
227 N. Main Street  
New Castle, IN 47362

**SERVICE DATE:**                      **1099 IND:** **NO**

**TO: INDIANA DEPARTMENT OF TRANSPORTATION**

**CARE OF:** Vickie Rayburn  
100 N. Senate Ave., Room N955  
**ADDRESS:** Indianapolis, Indiana 46204-2219

<b>DOC I.D:</b> PV 800	0010812140	<b>DATE</b>	
<b>VENDOR CODE</b>	0 356001134	<b>PV TYPE</b>	Approved Payment

**AUDITOR: DOC #** **0010812140**

**Date of P.O. (MM,DD,YY)** 04/16/10

**PURCHASE ORDER NUMBER**

**PO #** 0010812140

<b>FUND</b> 4900	<b>OBJECT</b> 572500	<b>CENTER</b> 109110
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**STATE AGENCY:** DEPARTMENT OF TRANSPORTATION 800  
Appro. Name

STATE SHARE..... \$38,942

FEDERAL SHARE..... \$73,337

TOTAL DISBURSEMENT..... \$112,278

**CONTRACTOR LEAVE BLANK**

GROSS AMT. \_\_\_\_\_

AMT. LIQ. \_\_\_\_\_ DISCOUNT \_\_\_\_\_

AMT. PAID \_\_\_\_\_

<b>Debit (B)</b>	<b>Dr. Amount (Black)</b>
<b>Credit (R)</b>	<b>Cr. Amount (Red)</b>

ACCOUNTING LINE DISTRIBUTION													
LN	PO NUMBER	LN	INVOICE NUMBER	FUND	OBJ	CENTER	DEPT	BUD REF	CLASS	PRODUCT	PROJECT	AMOUNT	P/F
01			TRANSIT	4900	5725	10911	065235	2010	D70	81818	180025		
02			TRANSIT	4900	5725	10911	065235	2010	D70	81818	180028	\$ 73,337	
03			TRANSIT	4900	5725	10911	065235	2010	D70	81821	PMTF	\$ 38,942	
04													
05													
06													

**DESCRIPTION**

**CHECK TO NEW CASTLE MAYOR**

<b>RECOMMENDED FOR APPROVAL</b>	<b>DATE</b>	<p>Pursuant to the provision and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.</p> <p><b>DATE (MM,DD,YY)</b> <span style="background-color: yellow;">04/19/10</span></p> <p style="text-align: center;">(FILL OUT ORIGINAL COPY COMPLETELY)</p> <p style="text-align: center;">City of New Castle</p> <p style="text-align: center;">(Firm Name)</p> <div style="background-color: yellow; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">(Personal Signature) (Title)</p> <p style="text-align: center;">227 N. Main Street</p> <p style="text-align: center;">(Street or R.F.D.)</p> <p style="text-align: center;">New Castle, IN 47362</p> <p style="text-align: center;">(City) (State)</p>
1. PROJECT ENGINEER		
2. OFFICE ADMIN. ENGINEER, CENTRAL OFFICE		
3. DIVISION CHIEF		
4. COMMISSIONER		
Payment Approved as to Funds Available and Account No.		
5. INDOT DIVISION OF ACCOUNTING AND CONTROL		
<p>I certify that this claim is correct and valid, and is a proper charge against the Indiana Department of Transportation.</p> <p>INDIANA DEPARTMENT OF TRANSPORTATION (PERSONAL SIGNATURE)</p>		

# QUARTERLY OPERATING FINANCIAL STATUS REPORT

<b>Remit To:</b>	City of New Castle
<b>Remit Address:</b>	227 N. Main St., New Castle, IN 47362
<b>Reimbursement Period:</b>	January 1 - March 31 ▼ 2010 ▼
<b>INDOT Purchase Order #:</b>	0010812140

  

<b>A. TOTAL EXPENSES</b>	<b>\$ 151,984</b>
(Total Expenses = Operating Income + FTA Share + Local Cash + PMTF)	

  

<b>B. OPERATING INCOME</b>	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                     (Itemized according to approved budget)                      Farebox - \$3,037                      Special Transit Fares - \$1,510                      Aux. Non-trans. Revenue - \$0                      School Bus Service - \$0                      Contra-expenses - \$764  <div style="text-align: right; font-size: small;">gas tax refund &amp; reimbursement of check issued in error</div> </div>	
	<b>\$5,311</b>

  

<b>C. NET EXPENSE</b> <span style="color: red; font-size: small;">(total expenses - operating income)</span>	<b>\$ 146,673</b>
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<b>D. FEDERAL FTA SHARE</b>	Total: <b>\$ 73,337</b>
= (Net expense x .5)	
Federal share may not exceed contract amount	

  

<b>E. LOCAL CASH GRANTS AND REIMBURSEMENTS</b>	
= (PMTF - (Operating Income - Contra Expenses) + In Kind)	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                     (itemized according to approved budget)                      Funds eligible for state PMTF match                          General Fund -                          Unrestricted Federal -                          Unrestricted State -                              subtotal:                        Funds <i>not</i> eligible for state PMTF match                          In-Kind Labor -                 </div>	
	Total: \$ 34,394

  

<b>F. STATE PMTF SHARE</b>	Total: <b>\$ 38,942</b>
= (Total Expenses - Federal Share - Contra Expenses - Inkind labor)/2	
State share may not exceed contract amount	

# QUARTERLY OPERATING DATA REPORT

Indiana Department of Transportation/Public Transit Section

## CALENDAR YEAR QUARTER

Grantee: City of New Castle ▼

Year: 2010 ▼

Quarter: January 1 - March 31 ▼

DATA ITEM	Fixed Route	Demand Reponse	Charter	Total
1. Passenger Boardings		11845		11845
2. Total Vehicle Miles		15227		15227
3. Revenue Vehicle Miles		14770		14770
4. Revenue Vehicle Hours		1830		1830
5. Gallons of Fuel Used		2975		2975
6. Number of Road Calls		3		3
7. Operating Income		5310		5310
8. Total Expenses		151984		151984

\* Revenue Vehicle Hours is the sum of the number of hours each vehicle is scheduled to be in revenue service during the quarter. This excludes non-service hours (deadhead, training, etc.), charter hours, exclusive school bus hours and time lost due to missed runs.

Prepared by: Deborah K Thornhill

Date: 4/19/2020

*Note: Quarterly Data Report is due 45 days following the end of a quarter*