



## South Carolina Lieutenant Governor - Office on Aging

Agency Name:	EXPERIENCE WORKS
LGOA GRANT Number:	EWDOL14
Grant Period:	JULY 1, 2014 THROUGH JUNE 30, 2015
Final -	Indicate One                      YES                      ( NO )
Payment #:	9
Payment Period:	NOVEMBER 2, 2014 THROUGH NOVEMBER 21, 2014
Payment Request Prepared by: ANDREW JAIME	Phone: 703-682-2535

### SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM - TITLE V

		5B80 EW&F Federal (a)	5B81 OPC Federal (b)	5B82 ADM Federal (c)	5B83 MATCH Local (d)
A	Current Grant Award	\$408,447.00	\$69,133.00	\$51,971.00	\$58,839.00
B	Actual Expenses Year To Date	\$162,573.53	\$16,356.88	\$12,035.44	\$32,529.47
C	Prior Funds Requested Year to Date	\$144,703.02	\$16,356.88	\$12,035.44	\$32,529.47
D	Reimbursement Needed (Line B minus Line C)	\$17,870.51	\$0.00	\$0.00	\$0.00
E	Federal Share (Line D) 100%	\$17,870.51	\$0.00	\$0.00	
F	Local Share (Line D) 100%				\$0.00
G	Year to Date Award Balance (A)-( C)-(D)	\$245,873.47	\$52,776.12	\$39,935.56	\$26,309.53
H	<b>TOTAL TO BE PAID BY GRANT ACTIVITY (Line E)</b>	<b>\$17,870.51</b>	<b>\$0.00</b>	<b>\$0.00</b>	
I	<b>TOTAL PAYMENT Line H ( (a) + (b) + (c) )</b>	<b>\$17,870.51</b>			

Please sign, scan and e-mail Payment Requests to [financehelp@aging.sc.gov](mailto:financehelp@aging.sc.gov)

*Under the penalties for perjury under State Law, I certify that this report is accurate and complete to the best of my knowledge and belief.*

Signature:

Title: INTERIM STATE PROGRAM MANAGER

Date: 11/25/14                      Phone: 703-682-2273                      FAX: 803-252-9155