



South Carolina Lieutenant Governor - Office on Aging

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| 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 | TOTAL TO BE PAID BY GRANT ACTIVITY (Line E) | \$17,870.51 | \$0.00 | \$0.00 | |
| I | TOTAL PAYMENT Line H ((a) + (b) + (c)) | \$17,870.51 | | | |

Please sign, scan and e-mail Payment Requests to 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