



2015 Payment Request Form
07/01/14 Through 06/30/15

South Carolina Lieutenant Governor - Office on Aging

Agency Name: CareSouth Carolina, Inc. - Vantage Point
Document Number: R7 IC15
Vendor Number: 7000026841

Payment Request #: 2
YTD Expenses through: 8/31/14
Final Pmt? NO

Prepared by: Mark Smith

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	C D F A	SFY 14/15 Total Grant Award	(a)	YTD Expenses 7/1/14 through 8/31/14	(b)	Total of All Previous Requests	(c)	Amount Requested this Period (b) - (c)	(d)	Federal (F) Share Required	(e)	State (S) Share Required	(f)	Local (L) Share Contributed	(g)	Revised Current Award Balance (a) - (b)	(h)
		Do not change amounts in Column (a)								If negative, enter Zero									
4B83	SHIAP14	SHIAP Grant #90SA0015-01-00 (FFY14 Apr 1, 2014 - Mar 31, 2015 for SFY15)	93.324	\$30,973.00		\$6,489.00		\$2,745.00		\$3,744.00		\$3,744.00						\$24,484.00	
4B66	SMEPA12	Senior Medicare Patrol BASIC # 90MP0179/02 (June 1, 2014 to May 31, 2015)	93.048	\$12,859.00		\$2,204.00		\$1,154.00		\$1,050.00		\$788.00				\$263.00		\$10,655.00	
3B07	SCSMP13	Senior Medicare Patrol Expan# 90SP0087-01 (September 30, 2013 to September 29, 2014)	93.048	\$1,266.00		\$865.00		\$436.00		\$429.00		\$429.00						\$401.00	
5B06	MIPPA13	MIPPA Grant # IX0CMS331265-01 (September 30, 2013 to September 29, 2014)	93.071	\$2,935.00		\$2,024.00		\$1,030.00		\$994.00		\$994.00						\$911.00	
5B04	MPAAA13	MIPPA Grant # 13AAASCMAAA (September 30, 2013 to September 29, 2014)	93.071	\$2,505.00		\$1,762.00		\$875.00		\$887.00		\$887.00						\$743.00	
5B05	MADRC13	MIPPA Grant # 13AAASCMADR (September 30, 2013 to September 29, 2014)	93.071	\$1,403.00		\$1,005.00		\$550.00		\$455.00		\$455.00						\$398.00	
	TOTALS SFY 2015			\$51,941.00		\$14,349.00		\$6,790.00		\$7,559.00		\$7,297.00		\$0.00		\$263.00		\$37,592.00	
										Total Federal	\$7,297.00								
										Total State	\$0.00								
										Total Federal and State Payment	\$7,297.00								

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. It requests reimbursement only for expenses incurred through the period covered by this payment request. Reimbursement is requested only for allowable services that have been delivered and documented in the appropriate electronic data system.

Signature:

Mark Smith

Date:

9/3/2014

Telephone #:

843.383.8632

Signature:

Mark Smith

Date:

9/3/2014

Telephone #:

843.383.8632