



South Carolina Lieutenant Governor - Office on Aging Services

2015 Payment Request Form  
07/1/2014 through 6/30/2015

Payment Request #:	5
YTD Expenses through:	10/23/14
Final Pmt ?	NO

Area Agency on Aging Multi-Program Contract Reimbursements  
Agency Name: Central Midlands Council of Governments  
Document Number: R4 MG15  
Vendor Number: 7000025956

Prepared by: Malia Ropel, Finance Director

Functional Area	Grant Name	Source of Funds <small>F=Federal S=State L=Local</small>	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
			SFY 14-15 Total Grant Award	Less: FY14 Reimbursed	YTD FY15 Expenses 7/1/2014 through 10/23/14	Total of All Previous FY15 Requests	Amount FY15 Requested this Period	Federal (F) Share Required	State (S) Share Required	Local (L) Share Contributed	Revised Award Balance (a) - (b) - (c)	Current
							If negative, enter Zero					
4B10	SIIB13	III-B - Supportive Services Contracted-F/L/S (Auth in AIM)	\$33,194.00	\$33,194.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B10	SIIB14	III-B - Supportive Services Contracted-F/L/S (Auth in AIM)	\$484,399.00	\$0.00	\$88,995.00	\$88,995.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$395,404.00
4B10	SIIB13	III-B - Legal Services	\$11,037.00	\$5,976.00	\$5,061.00	\$5,061.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B10	SIIB14	III-B - Legal Services	\$44,940.00	\$0.00	\$5,093.00	\$5,093.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,847.00
4B20	IIIC113	III-C-1 - Group Dining - F/L/S	\$19,927.00	\$19,927.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B20	IIIC114	III-C-1 - Group Dining - F/L/S	\$393,214.00	\$0.00	\$81,515.00	\$81,515.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$311,699.00
4B30	IIIC213	III-C-2 - Home Delivered Meals F/L/S	\$86,436.00	\$40,218.00	\$46,218.00	\$46,218.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B30	IIIC214	III-C-2 - Home Delivered Meals F/L/S	\$461,105.00	\$0.00	\$75,769.00	\$75,769.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$385,336.00
4B52	SIID13	III-D Evidence-Based Wellness Programs F/L/S	\$8,825.00	\$8,825.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B52	SIID14	III-D Evidence-Based Wellness Programs F/L/S	\$34,617.00	\$0.00	\$8,654.00	\$8,654.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,963.00
4B45	SIIE13	III-E Family Caregiver Services (Auth in AIM) - F	\$21,080.00	\$16,342.00	\$4,443.00	\$4,443.00	\$0.00	\$0.00				\$295.00
4B45	SIIE14	III-E Family Caregiver Services (Auth in AIM) - F	\$126,540.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				\$126,540.00
5B65	SNSIP14	NISP	\$193,767.00	\$0.00	\$45,514.00	\$45,514.00	\$0.00	\$0.00			\$0.00	\$148,253.00
X2J11	10010000	HCBS-State	\$1,078,374.00	\$98,647.00	\$196,283.00	\$196,283.00	\$0.00		\$0.00	\$0.00	\$0.00	\$783,444.00
3B90	31270000	ACE - Bingo - Other	\$88,609.89	\$16,761.00	\$2,850.00	\$2,850.00	\$0.00		\$0.00	\$0.00	\$0.00	\$68,998.89
2B84	10010000	Repsite State - Nonrecurring FY14	\$218,621.00	\$71,003.00	\$59,966.00	\$30,037.00	\$29,929.00		\$29,929.00			\$87,652.00
	10010000	Repsite State - Nonrecurring FY15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00			\$0.00
3B84	30350000	Alzheimer's Association - Respite	\$76,568.00	\$13,405.00	\$3,410.00	\$2,734.00	\$676.00		\$676.00			\$59,753.00
<b>TOTALS SFY 2015 (FFY14)</b>			<b>\$3,381,253.89</b>	<b>\$324,298.00</b>	<b>\$623,771.00</b>	<b>\$593,166.00</b>	<b>\$30,605.00</b>	<b>\$0.00</b>	<b>\$30,605.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,433,184.89</b>

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 the period covered by this payment request and only for contractors that have electronically replicated data with all information required by the LGOA.

Signature: *Malia Ropel* Date: 10/23/14  
 Signature: *Benj. J. Mander* Executive Director Date: 10/23/14

Phone: 803-376-5390

Total Federal FFY14	\$0.00
Total State Match	\$29,929.00
Other State	\$676.00
<b>Total Federal &amp; State Payment</b>	<b>\$30,605.00</b>