



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

**South Carolina Lieutenant Governor - Office on Aging**  
**Insurance Counseling**  
 Agency Name: Catawba Area Agency on Aging  
 Document Number: R3 IC15  
 Vendor Number: 7000029284

Payment Request #: **3**  
 YTD Expenses through: **9/30/14**  
 Final Pmt ? **NO**  
 Prepared by: Barbara J. Robinson

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	C D F A	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
				SFY 14/15 Total Grant Award	YTD Expenses 7/1/14 through 9/30/14	Total of All Previous Requests	Amount Requested this Period (b) - (c)	Federal (F) Share Required	State (S) Share Required	Local (L) Share Contributed	Revised Current Award Balance (a) - (b)	
				Do not change amounts in Column (a)			If negative, enter Zero					
4B83	SHIAP14	SHIAP Grant #90SA0015-01-00 <i>(FFY13 Apr 1, 2014 - Mar 31, 2015 for SFY14)</i>	93.324	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00			\$50,000.00	
4B66	SMEPA12	Senior Medicare Patrol BASIC # 90MP0179/02 <i>(June 1, 2014 to May 31, 2015)</i>	93.048	\$10,959.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$10,959.00	
3B07	SCSMP13	Senior Medicare Patrol Expan# 90SP0087-01 <i>(September 30, 2013 to September 29, 2014)</i>	93.048	\$9,032.00	\$9,032.00	\$9,032.00	\$0.00	\$0.00			\$0.00	
5B06	MIPPA13	MIPPA Grant # IX0CMS331265-01 <i>(September 30, 2013 to September 29, 2014)</i>	93.071	\$13,546.00	\$13,546.00	\$7,268.00	\$6,278.00	\$6,278.00			\$0.00	
5B04	MPAAA13	MIPPA Grant # 13AASCMAAA <i>(September 30, 2013 to September 29, 2014)</i>	93.071	\$13,774.00	\$13,774.00	\$7,140.00	\$6,634.00	\$6,634.00			\$0.00	
5B05	MADRC13	MIPPA Grant # 13AASCMAADR <i>(September 30, 2013 to September 29, 2014)</i>	93.071	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	
TOTALS SFY 2015					\$97,311.00	\$36,352.00	\$23,440.00	\$12,912.00	\$12,912.00	\$0.00	\$0.00	\$60,959.00

*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.*

Total Federal	\$12,912.00
Total State	\$0.00
<b>Total Federal and State Payment</b>	<b>\$12,912.00</b>

Signature: <i>Barbara J. Robinson</i>	Date: 10/13/2014	Telephone #: (803) 329-9670
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