



2015 Payment Request Form
07/01/2014 through 06/30/2015

Payment Request #: **4**
YTD Expenses through: **10/31/14**
Final Pmt ? **NO**

**South Carolina Lieutenant Governor - Office on Aging
Administrative**

Agency Name: Catawba Area Agency on Aging

Document Number: R3 MG15

Vendor Number: 7000029284

Prepared by: Barbara J. Robinson

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 May & June Reimbursed	FY15 YTD Expenses 7/1/14 through 10/31/14	Total of All Previous Requests	Amount Requested this Period <small>(c) - (d)</small>	Federal (F) Share Required	State (S) Share Required	Local (L) Share Contributed	Revised Award Current Balance <small>(a) - (b) - (c)</small>
		Do not change amts on highlighted lines in Column (a)					If negative, enter Zero				
4B50	SIIB14	III-B - P & A - F/L	\$54,004.00	\$0.00	\$54,004.00	\$54,004.00	\$0.00	\$0.00		\$0.00	\$0.00
4B25	IIIC114	III-C-1- P & A - F/L	\$70,639.00	\$0.00	\$24,933.59	\$814.20	\$24,119.00	\$18,089.00		\$6,030.00	\$45,705.41
4B33	IIIC214	III-C-2- P & A - F/L	\$35,940.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$35,940.00
4B43	SIIE14	III-E P & A F/L	\$22,965.00	\$0.00	\$22,965.00	\$22,965.00	\$0.00	\$0.00		\$0.00	\$0.00
4B12	SIIB14	III-B Program Development - F/L/S	\$53,891.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$53,891.00
4B09	SIIB14	III-B Supportive Services at AAA-F/L/S (Non-AIM)	\$82,051.00	\$0.00	\$26,708.98	\$19,638.91	\$7,070.00	\$6,010.00	\$354.00	\$707.00	\$55,342.02
4B40	SIIE14	III-E Family Caregiver at AAA - F/L/S (Non-AIM)	\$51,915.00	\$0.00	\$13,787.72	\$6,162.81	\$7,625.00	\$6,481.00	\$381.00	\$763.00	\$38,127.28
4B60	SIIB14	III-B - Ombudsman - F/S/L	\$44,383.00	\$0.00	\$27,168.80	\$19,959.20	\$7,210.00	\$6,129.00	\$361.00	\$721.00	\$17,214.20
4B59	SELD14	VII - Elder Abuse - F	\$3,646.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$3,646.00
4B69	OMBUD14	VII- Ombudsman - F	\$14,115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$14,115.00
6B70	10010000	Ombudsman - S	\$15,043.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$15,043.00
X2J11	10010000	HCBS State Support	\$81,683.00	\$0.00	\$4,024.81	\$0.00	\$4,025.00		\$4,025.00		\$77,658.19
2B84	1001	Admin. Respite Non-Recurring	\$16,986.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$16,986.00
3B85	30350000	Admin. Alzheimer's Association - Respite	\$6,227.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$6,227.00
		TOTALS SFY 2015 (FFY14)	\$553,488.00	\$0.00	\$173,592.90	\$123,544.12	\$50,049.00	\$36,709.00	\$5,121.00	\$8,221.00	\$379,895.10

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 for direct services is requested only for direct services that have been delivered and documented in the appropriate electronic data system.

Total OAA Fed 14		\$36,709.00
Total State Match		\$5,121.00
Other State		\$0.00

Total Fed & State Payments \$41,830.00

Signature: <u>Barbara J. Robinson</u>	Title: Executive Director	Telephone #: (803) 329-9670
		Date: November 7, 2014