



South Carolina Lieutenant Governor - Office on Aging

Payment Request Form

Agency Name:	Waccamaw Regional Council Of Governments
LGOA GRANT Number:	R-NFRG-8-14
Grant Period:	July 1, 2014 - June 30, 2015
Final:	Circle One: YES <u>NO</u>
Payment #:	3
Fiscal Year	2015
Payment Period:	October 1, 2014 - October 31, 2014
Payment Request Prepared by:	Kim Harmon

Functional Area	Grant Name	Section 5317 - New Freedom Rural Grant - SCDOT			
5B50	E040-SRDOT13			Capital 5B50	Operational 5B51
A	Current Grant Award	\$ -	\$ 4,527.50	\$ 7,500.00	
B	Actual Expenses Grant Period To Date (S + L)	\$ -	\$ 4,527.50	\$ 7,500.00	
C	Prior Funds Requested in Grant Period (S + L)	\$ -	\$ 4,527.50	\$ 5,388.00	\$ -
D	Total Request This Payment (B) - (C) (S + L)	\$ -	\$ -	\$ 2,112.00	\$ -
E	Federal Share Requested (D)	\$ -	\$ -	\$ 1,056.00	\$ -
F	Local Share Required (D)	\$ -	\$ -	\$ 1,056.00	\$ -
G	Year to Date Award Balance (A) - (C) - (D)	\$ -	\$ -	\$ -	\$ -
H	TOTAL Payment Request		\$ -	\$ 1,056.00	

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.

E-mail payment request to Denise Rivers: riversd@aging.sc.gov

Signature:	
Title:	Executive Director
Date:	11/10/2014
Telephone Number:	843-546-8502