



South Carolina Lieutenant Governor - Office on Aging

Agency Name:	EXPERIENCE WORKS
LGOA GRANT Number:	EWDOL14
Grant Period:	JULY 1, 2014 THROUGH JUNE 30, 2015
Final -	Indicate One YES (NO)
Payment #:	5
Payment Period:	SEPTEMBER 1, 2014 THROUGH SEPTEMBER 31, 2014
Payment Request Prepared by: MELISSA GALDOS	
Phone: 703-682-2535	

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM - TITLE V

		5B80 EW&F Federal (a)	5B81 OPC Federal (b)	5B82 ADM Federal (c)	5B83 MATCH Local (d)
A	Current Grant Award	\$408,447.00	\$69,133.00	\$51,971.00	\$58,839.00
B	Actual Expenses Year To Date	\$96,362.07	\$12,429.08	\$8,739.21	\$22,755.24
	Prior Funds Requested Year to Date	\$96,362.07	\$8,728.30	\$4,138.18	\$22,755.24
D	Reimbursement Needed (Line B minus Line C)	\$0.00	\$3,700.78	\$4,601.03	\$0.00
E	Federal Share (Line D) 100%	\$0.00	\$3,700.78	\$4,601.03	
F	Local Share (Line D) 100%				\$0.00
G	Year to Date Award Balance (A)-(C)-(D)	\$312,084.93	\$56,703.92	\$43,231.79	\$36,083.76
H	TOTAL TO BE PAID BY GRANT ACTIVITY (Line E)	\$0.00	\$3,700.78	\$4,601.03	
I	TOTAL PAYMENT Line H ((a) + (b) + (c))	\$8,301.81			

Please sign, scan and e-mail Payment Requests to financehelp@aging.sc.gov

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.

Signature:			
Title:	INTERIM STATE PROGRAM MANAGER		
Date:	10/15/14	Phone: 703-682-2273	FAX: 803-252-9155