



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

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

Agency Name: Appalachian Council of Governments

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Payment Request #: 3  
 YTD Expenses through: 9/30/14  
 Final Pmt ? NO

Prepared by: SCACOG - FINANCE DEPARTMENT

Functional Area	Grant Name	Source of Funds F-Federal S-State L-Local	C D F A	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)
4B83	SHIAP14	SHIAP Grant #90SA0015-01-00 (FFY14 Apr 1, 2014 - Mar 31, 2015 for SFY15) #2540	93.324	\$57,760.00	\$8,248.00	\$5,710.00	\$2,538.00	\$2,538.00			\$49,512.00
4B86	SMEPA12	Senior Medicare Patrol BASIC # 90MP0179/02 (June 1, 2014 to May 31, 2015) #2550-0	93.048	\$21,087.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$21,087.00
3B07	SCSMP13	Senior Medicare Patrol Expand # 90SP0087-01 (September 30, 2013 to September 29, 2014) #2550-1	93.048	\$5,058.00	\$5,058.00	\$3,673.00	\$1,385.00	\$1,385.00			\$0.00
5B06	MIPPA13	MIPPA Grant # IXOCMS31285-01 (September 30, 2013 to September 29, 2014) #2542	93.071	\$7,914.00	\$7,914.00	\$5,587.00	\$2,327.00	\$2,327.00			\$0.00
5B04	MPPAAA13	MIPPA Grant # 13AASCMAAA (September 30, 2013 to September 29, 2014) #2545	93.071	\$5,889.00	\$5,889.00	\$3,446.00	\$2,423.00	\$2,423.00			\$0.00
5B05	MADRC13	MIPPA Grant # 13AASCMADR (September 30, 2013 to September 29, 2014) #2541	93.071	\$5,331.00	\$5,331.00	\$3,599.00	\$1,732.00	\$1,732.00			\$0.00
TOTALS SFY 2015				\$103,019.00	\$32,420.00	\$22,015.00	\$10,405.00	\$10,405.00	\$0.00	\$0.00	\$70,599.00
Total Federal									\$10,405.00	\$0.00	
Total State											\$0.00
Total Federal and State Payment									\$10,405.00	\$0.00	

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.

Signature: *Don Gimmer* Executive Director Date: 10/2/14 Telephone #: (864) 241-4643  
 Signature: *Don Gimmer* Finance Director Date: 10/2/14 Telephone #: (864) 241-4630