



South Carolina Lieutenant Governor - Office on Aging  
Services

2015 Payment Request Form  
07/1/2014 through 6/30/2015

Payment Request #: 3  
YTD Expenses through: 8/31/14  
Final Pmt ? NO

Area Agency on Aging Multi-Program Contract Reimbursements  
Agency Name: Lowcountry Council of Governments  
Document Number: R10 MG15  
Vendor Number: 7000026037

Prepared by: Sherry G Smith, Finance Director

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	(a) SFY 14-15 Total Grant Award	(b) Less: FY14 Reimbursed	(c) YTD FY15 Expenses 7/1/2014 through 8/31/14	(d) Total of All Previous FY15 Requests	(e) Amount Requested FY15 this Period If negative enter Zero	(f) Federal (F) Required	(g) State (S) Share Required	(h) Local (L) Share Contributed	(i) Revised Award Balance (a) - (b) - (c)
4B10	IIIB13	III-B - Supportive Services Contracted-FILS (Auth in AIM)	\$57,745.00	\$10,889.00	\$46,856.00	\$19,989.00	\$26,867.00	\$22,837.00	\$1,343.00	\$2,687.00	\$0.00
4B10	IIIB14	III-B - Supportive Services Contracted-FILS (Auth in AIM)	\$398,680.00	\$0.00	\$4,936.00	\$0.00	\$4,936.00	\$4,196.00	\$247.00	\$494.00	\$393,744.00
4B10	IIIB13	III-B - Legal Services	\$8,861.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,861.00
4B10	IIIB14	III-B - Legal Services	\$16,151.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,151.00
4B20	IIIC113	III-C-1 - Group Dining - FILS	\$74,624.00	\$64,245.00	\$10,379.00	\$10,379.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B20	IIIC114	III-C-1 - Group Dining - FILS	\$281,466.00	\$0.00	\$28,512.00	\$3,838.00	\$24,674.00	\$20,973.00	\$1,234.00	\$2,467.00	\$252,954.00
4B30	IIIC213	III-C-2 - Home Delivered Meals FILS	\$117,356.00	\$82,829.00	\$34,527.00	\$18,998.00	\$15,529.00	\$13,200.00	\$776.00	\$1,553.00	\$0.00
4B30	IIIC214	III-C-2 - Home Delivered Meals FILS	\$330,064.00	\$0.00	\$5,211.00	\$0.00	\$5,211.00	\$4,429.00	\$261.00	\$521.00	\$324,853.00
4B52	IIID13	III-D Evidence-Based Wellness Programs FILS	\$6,143.00	\$954.00	\$922.00	\$663.00	\$259.00	\$220.00	\$13.00	\$26.00	\$6,267.00
4B52	IIID14	III-D Evidence-Based Wellness Programs FILS	\$24,780.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,780.00
4B45	IIIE13	III-E Family Caregiver Services (Auth in AIM) - F	\$6,016.00	\$6,016.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B45	IIIE14	III-E Family Caregiver Services (Auth in AIM) - F	\$116,694.00	\$0.00	\$4,256.00	\$0.00	\$4,256.00	\$4,256.00	\$0.00	\$0.00	\$112,438.00
5B65	SNSIP14	NSIP	\$90,328.00	\$0.00	\$17,667.00	\$7,665.00	\$10,002.00	\$9,002.00	\$0.00	\$1,000.00	\$72,661.00
X2J11	10010000	HCBS-State	\$889,928.00	\$59,249.00	\$117,931.00	\$60,174.00	\$57,757.00	\$51,981.00	\$51,981.00	\$5,776.00	\$812,748.00
3B90	31270000	ACE - Bingo - Other	\$61,355.33	\$5,311.00	\$8,728.00	\$4,445.00	\$4,283.00	\$3,855.00	\$3,855.00	\$428.00	\$47,316.33
2B84	10010000	Repsite State - Nonrecurring FY14	\$181,515.00	\$25,781.00	\$7,268.00	\$712.00	\$6,556.00	\$6,556.00	\$0.00	\$0.00	\$148,466.00
10010000	Repsite State - Nonrecurring FY15		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3B84	30350000	Alzheimer's Association - Respite	\$99,905.00	\$13,354.00	\$10,173.00	\$807.00	\$9,366.00	\$9,366.00	\$0.00	\$0.00	\$76,378.00
	TOTALS SFY 2015 (FFY14)		\$2,863,611.33	\$268,628.00	\$297,366.00	\$127,670.00	\$169,696.00	\$79,113.00	\$75,632.00	\$14,952.00	\$2,297,617.33
								Total Federal FFY14		\$79,113.00	
								Total State Match		\$62,411.00	
								Other State		\$13,221.00	
								Total Federal & State Payment		\$154,745.00	

Phone: (843)726-5536

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 the period covered by this payment request and only for contractors that have electronically supplied data with all information required by the LGOA.

Signature: *Sherry G Smith*  
Signature: *Sherry G Smith*  
Date: 9/25/14  
Date: 9/25/14  
Aging Director