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# South Carolina Lieutenant Governor - Office on Aging Services

Area Agency on Aging Multi-Program Contract Reimbursements  
 Agency Name: Catawba Area Agency On Aging  
 Document Number: R3 MG15  
 Vendor Number: 7000029284

2015 Payment Request Form  
 07/12/2014 through 6/30/2015

Payment Request #: 1a  
 YTD Expenses through: 7/31/14  
 Final Print? NO

Prepared by: Barbara J. Robinson

Functional Area	Grant Name	Source of Funds	(a) SFY 14-15 Total Grant Award	(b) Less: FY14 Reimbursed	(c) YTD FY15 Expenses 7/1/2014 through 7/31/14	(d) Total of All Previous FY15 Requests	(e) Amount Requested this Period	(f) Federal (F) Required	(g) State (S) Required	(h) Local (L) Share Contributed	(i) Revised Current Award Balance (a) - (b) - (c)
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4B10	SIIB13	III-B - Supportive Services Contracted-F/L/S (Auth in AIM)	\$4,711.00 ✓	\$0.00	\$4,711.00 ✓	\$0.00	\$4,711.00	\$4,000.00	\$249.00	\$471.00	\$0.00 ✓
4B10	SIIB14	III-B - Supportive Services Contracted-F/L/S (Auth in AIM)	\$377,308.00 ✓	\$0.00	\$13,791.00 ✓	\$0.00	\$13,791.00	\$11,722.00	\$669.00	\$1,379.00	\$363,517.00
4B10	SIIB13	III-B - Legal Services	\$7,566.00 ✓	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,566.00
4B10	SIIB14	III-B - Legal Services	\$17,155.00 ✓	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,155.00
4B20	SIIC13	III-C-1 - Group Dining - F/L/S	\$15,064.00 ✓	\$0.00	\$15,064.00 ✓	\$0.00	\$15,064.00	\$12,800.00	\$753.00 ✓	\$1,506.00 ✓	\$0.00 ✓
4B20	SIIC14	III-C-1 - Group Dining - F/L/S	\$298,953.00 ✓	\$0.00	\$12,512.00 ✓	\$0.00	\$12,512.00	\$10,635.00	\$626.00	\$1,251.00	\$296,441.00
4B30	SIIC23	III-C-2 - Home Delivered Meals F/L/S	\$40,048.00 ✓	\$0.00	\$28,144.00 ✓	\$0.00	\$28,144.00	\$23,922.00	\$1,407.00	\$2,814.00	\$11,904.00
4B30	SIIC24	III-C-2 - Home Delivered Meals F/L/S	\$350,573.00 ✓	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$350,573.00
4B52	SIID13	III-D Evidence-Based Wellness Programs F/L/S	\$736.00 ✓	\$0.00	\$736.00 ✓	\$0.00	\$736.00	\$626.00 ✓	\$39.00	\$79.00	\$0.00 ✓
4B52	SIID14	III-D Evidence-Based Wellness Programs F/L/S	\$26,318.00 ✓	\$0.00	\$1,623.00 ✓	\$0.00	\$1,623.00	\$1,380.00	\$81.00	\$162.00	\$24,695.00
4B45	SIIE13	III-E Family Caregiver Services (Auth in AIM) - F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B45	SIIE14	III-E Family Caregiver Services (Auth in AIM) - F	\$110,858.00 ✓	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110,858.00
5B65	SNISIP14	NSIP	\$152,377.00 ✓	\$0.00	\$14,425.00 ✓	\$0.00	\$14,425.00	\$12,983.00	\$28,279.00	\$3,142.00	\$137,952.00
X2J11	10010000	HCBS-State	\$833,891.00 ✓	\$0.00	\$31,421.00 ✓	\$0.00	\$31,421.00	\$0.00	\$3,586.00	\$398.00	\$802,470.00
3B90	31270000	ACE - Bingo - Other	\$54,309.33 ✓	\$0.00	\$3,984.00 ✓	\$0.00	\$3,984.00	\$0.00	\$0.00	\$0.00	\$50,325.33
2B84	10010000	Repsite State - Nonrecurring FY14	\$105,962.23 ✓	\$0.00	\$23,736.00 ✓	\$0.00	\$23,736.00	\$0.00	\$0.00	\$0.00	\$82,226.23
3B84	30350000	Alzheimer's Association - Respite	\$56,042.00 ✓	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$56,042.00
TOTALS SFY 2015 (FFY14)			\$2,461,871.56 ✓	\$0.00	\$150,147.00	\$23,736.00	\$126,411.00	\$78,076.00	\$35,695.00	\$12,640.00	\$2,301,724.56

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 replicated data with all information required by the LGOA.

Signature  
 Signature

Barbara J. Robinson

Executive Director

Date: 8/18/14

Phone:

Total Federal FFY14 \$78,076.00  
 Total State Match \$32,109.00  
 Other State \$3,586.00  
 Total Federal & State Payment \$113,771.00

113775.00

Verified For Clerical Accuracy

By: AK