



South Carolina Lieutenant Governor - Office on Aging

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

Agency Name: Lower Savannah Council of Governments  
Document Number: RS1C15  
Vendor Number: 7000025871

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

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	C D F A	(a) SFY 14/15 Total Grant Award	(b) Less: FY 14 7/1/14 through 9/30/14	(c) YTD Expenses 7/1/14 through 9/30/14	(d) Total of All Previous Requests	(e) Amount Requested this Period (b) - (c)	(f) Federal (F) Share Required	(g) State (S) Share Required	(h) Local (L) Share Contributed	(i) Revised Current Award Balance (a) - (b)
		Do not change amounts in Column (a)						If negative, enter Zero				
4B83	SHIAP14	SHIAP Grant #90SA0015-01-00 (FFY13 Apr 1, 2013 - Mar 31, 2014 for SFY14)	93.324	\$34,551.00		\$0.00	\$0.00	\$0.00	\$0.00			\$34,551.00
4B66	SMEPA12	Senior Medicare Patrol BASIC # 90MP0179102 (June 1, 2014 to May 31, 2015)	93.048	\$11,933.00		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$11,933.00
3B07	SCSMP13	Senior Medicare Patrol Exoab # 90SP0087-01 (September 30, 2013 to September 29, 2014)	93.048	\$4,931.00	(\$6.00)	\$4,937.00	\$4,816.00	\$121.00	\$121.00			\$0.00
5B06	MIPPA13	MIPPA Grant # IXOCMS31265-01 (September 30, 2013 to September 29, 2014)	93.071	\$6,544.00	(\$483.00)	\$7,027.00	\$7,027.00	\$0.00	\$0.00			\$0.00
5B04	MPAAA13	MIPPA Grant # 13AASCMAAA (September 30, 2013 to September 29, 2014)	93.071	\$17,907.00		\$17,907.00	\$4,026.00	\$13,881.00	\$13,881.00			\$0.00
5B05	MADRC13	MIPPA Grant # 13AASCMADR (September 30, 2013 to September 29, 2014)	93.071	\$10,682.00		\$10,682.00	\$448.00	\$10,234.00	\$10,234.00			\$0.00
	TOTALS SFY 2015			\$86,548.00		\$40,553.00	\$16,317.00	\$24,236.00	\$24,236.00		\$0.00	\$46,484.00
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.												Total Federal \$24,236.00 Total State \$0.00 <b>Total Federal and State Payment \$24,236.00</b>
Signature:	Frances Owens, Finance Dir.	Date:	10/2/14	Telephone #:	803-649-7981							
Signature:	Connie N. Shear	Date:	10-2-14	Telephone #:	803-649-7981							