



South Carolina Lieutenant Governor - Office on Aging

Payment Request Form

Agency Name: Senior Centers of Spartanburg County, Inc
LGOA Grant Number: CDSMP12-03
Grant Period: September 1, 2012 - August 31, 2015
Budget Period: September 1, 2014 - June 30, 2015
Final - Indicate one YES NO
Payment #: 1
Payment Period: September 1, 2014-September 30, 2014
Payment Request Prepared by: Vickie Wingo

Functional Area:		Grant Name:
4B89		EVIDENCE BASED DISEASE PREVENTION PROGRAM
		SFY15
A	Current Grant Award	\$ 19,375.00
A-1	Carry-forward from Previous SFY	\$ -
B	Actual Expenses Year To Date	\$ 2,539.00
C	Prior Funds Requested Year-To-Date	\$ -
D	Total Request This Payment B-C	\$ 2,539.00
E	Federal Share Requested (D) *1	\$ 2,539.00
F	Local Share Required (D) *0	\$0
G	Year To Date Award Balance A-C-D	\$ 16,836.00

E-mail the payment request and related activities 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: Sandra K. Owensby

Title: CEO

Date: 10/27/2014

Telephone Number: 864-596-3910

Vickie Wingo
Acct. Manager