



**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

<b>Functional Area:</b>	<b>Grant Name:</b>	
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 <b>This</b> 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](mailto: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.

<b>Signature:</b>	<i>Sandra K. Owensby</i>	<i>Vickie Wingo</i>
<b>Title:</b>	CEO	Acct. Manager
<b>Date:</b>	10/27/2014	
<b>Telephone Number:</b>	864-596-3910	