



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

South Carolina Lieutenant Governor - Office on Aging

Agency Name: Lowcountry Council of Governments  
Document Number: R10 IC15  
Vendor Number: 7000026037

Payment Request #: 4  
YTD Expenses through: 9/30/14  
Final Pmt ? NO  
Prepared by: Sherry G Smith, Finance Director

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	C D F A	SFY 14/15 Total Grant Award	(b) YTD Expenses 7/1/14 through 9/30/14	(c) Total of All Previous Requests	(d) Amount Requested this Period (b) - (c) If negative, enter Zero	(e) Federal Share Required	(f) State Share Required	(g) Local (L) Share Contributed	(h) Revised Current Award Balance (a) - (b)
		Do not change amounts in Column (a)									
4B83	SHIAP14	SHIAP Grant #90SA0015-01-00 (FFY13 Apr 1, 2013 - Mar 31, 2014 for SFY14)	93.324	\$27,332.00	\$3,627.00	\$3,383.00	\$244.00	\$244.00			\$23,705.00
4B66	SMEPA12	Senior Medicare Patrol BASIC # 90MP0179/02 (June 1, 2014 to May 31, 2015)	93.048	\$9,847.00	\$567.00	\$0.00	\$567.00	\$425.00		\$142.00	\$9,280.00
3B07	SCSMP13	Senior Medicare Patrol Expan# 90SP0087-01 (September 30, 2013 to September 29, 2014)	93.048	\$8,102.00	\$8,102.00	\$5,937.00	\$2,165.00	\$2,165.00			\$0.00
5B06	MIPPA13	MIPPA Grant # IX0CMS331265-01 (September 30, 2013 to September 29, 2014)	93.071	\$1,459.00	\$1,459.00	\$1,459.00	\$0.00	\$0.00			\$0.00
5B04	MPAAA13	MIPPA Grant # 13AASCMAAA (September 30, 2013 to September 29, 2014)	93.071	\$14,086.00	\$10,419.00	\$6,367.00	\$4,052.00	\$4,052.00			\$3,667.00
5B05	MADRC13	MIPPA Grant # 13AASCMADR (September 30, 2013 to September 29, 2014)	93.071	\$8,842.00	\$0.00	\$0.00	\$0.00	\$0.00			\$8,842.00
		TOTALS SFY 2015		\$69,668.00	\$24,174.00	\$17,146.00	\$7,028.00	\$6,886.00	\$0.00	\$142.00	\$45,494.00
				Total Federal	\$6,886.00						
				Total State	\$0.00						
				Total Federal and State Payment	\$6,886.00						

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.

Signature: *Sherry G Smith* Date: 10/9/2014 Telephone #: 843 726-5536  
Signature: *Sherry G Smith* Date: 10/9/2014 Telephone #: 843 726-5536