



South Carolina Lieutenant Governor - Office on Aging

Payment Request Form

Agency Name: Central Midlands Council of Governments
LGOA Grant Number: PIP #228
Grant Period: 7/1/2014 - 6/30/2015
Final - Check One ☒ YES ☐ NO
Payment #: 2
Payment Period: September 1-30, 2014
Payment Request Prepared by: Malia Ropel, Finance Director

| | | | | | |
|-------------------------|-------------------------------------------------------------------|----------------------|--|--|--|
| Functional Area: | Grant Name: | SCPIP14 | | | |
| 6B75 | SENIOR CENTER PERMANENT IMPROVEMENT - Lourie Senior Center | | | | |
| Project Name: | | | | | |
| | | FY 7-1-14 -- 6-30-15 | | | |
| A | Current Grant Award | \$16,000.00 | | | |
| B | Actual Expenses Year To Date | \$16,000.00 | | | |
| C | Prior Funds Requested Year-To-Date | \$5,780.00 | | | |
| D | Total Request This Payment B-C | \$10,220.00 | | | |
| E | State Share Requested (D) *.80 | \$8,176.00 | | | |
| F | Local Share Required (D) *.20 | \$2,044.00 | | | |
| G | Year To Date Award Balance A-C-D | \$0.00 | | | |
| TOTAL STATE (PIP) | | \$12,800.00 | | | |
| STATE BALANCE | | \$0.00 | | | |

E-mail the payment request to Gerry Dickinson, PIP Manager at gdickinson@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: *Benjamin J. Mauldin*
Title: *Executive Director*
Date: *10/6/2014*
Telephone Number: *803- 376- 5390 Ext. 324*