



South Carolina Lieutenant Governor - Office on Aging

Agency Name:	Trident Area Agency on Aging		
LGOA GRANT Number:	NHB 15-01		
Grant Period:	July 1, 2014 through June 30, 2015		
Final:	Circle One:	YES	NO
Payment #:	3		
Payment Period:	July 1, 2014 through October 31, 2014		(Current Month, Day, Year)
Payment Request Prepared by:	Lisa Natividad		

Functional Area	Grant Name		DISCRETIONARY MINI GRANT	
3NHB	Not Relevant	SFY15		
			FY 2015	
	A	Current Grant Award	\$61,800.00	\$0.00
	A-1	Carryforward from Previous SFY	\$0.00	\$0.00
	B	Actual Expenses Grant Period To Date	\$13,502.00	\$0.00
	C	Prior Funds Requested in Grant Period	\$10,339.00	\$0.00
	D	Total Request This Payment (B) - ©	\$3,163.00	\$0.00
	E	Other Share Requested (D)*1	\$3,163.00	\$0.00
	F	Local Share Required (D)*0	\$0.00	\$0.00
	G	Year to Date Award Balance (A) - (C) - (D)	\$48,298.00	\$0.00

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.

E-mail payment request to Finance Dept: financehelp@aging.sc.gov

Signature:	<i>[Handwritten Signature]</i>
Title:	Executive Director
Date:	November 11, 2014
Telephone Number:	(843)554-2282