



**South Carolina Lieutenant Governor - Office on Aging**

<b>Agency Name:</b>	South Carolina Respite Coalition
<b>LGOA GRANT Number:</b>	SR15-1
<b>Grant Period:</b>	July 1, 2014-June 30, 2015
<b>Final:</b>	Circle One:            YES <b>X NO</b>
<b>Payment #:</b>	3
<b>Payment Period:</b>	September 1-30, 2014    ← <i>corrected</i>
<b>Payment Request Prepared by:</b>	Susan M. Robinson

Functional Area	Grant Name		STATE RESPITE GRANT	
X2B84	ST-RESP	SFY14		
			Respite Services	Respite Admin
	A	Current Grant Award	\$78,123.81	\$4,501.00
	A-1	Carryforward from Previous SFY	\$78,123.81	\$4,501.00
	B	Actual Expenses Grant Period To Date	\$25,762.47	\$2,172.00
	C	Prior Funds Requested in Grant Period	\$17,166.48	\$1,541.00
	D	Total Request This Payment (B) - (C)	<b>\$8,597.99</b>	<b>\$631.00</b>
	E	<b>State</b> Share Requested (D)*1	\$8,597.99	\$631.00
	F	<b>Local</b> Share Required (D)*0		
	G	Year to Date Award Balance (A) - (C) - (D)	<b>\$52,359.34</b>	<b>\$2,329.00</b>

*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.*

**Send all payment requests by email to Finance Help: [financehelp@aging.sc.gov](mailto:financehelp@aging.sc.gov)**

<b>Signature:</b>	Susan M. Robinson 
<b>Title:</b>	Executive Director
<b>Date:</b>	10/6/2014 Correction on 11/10/14 to Actual total expense (line B)
<b>Telephone Number:</b>	803-935-5027 or 803-446-0675 (cell)