



South Carolina Lieutenant Governor - Office on Aging

Agency Name:	Goodwill Industries of Upstate/Midlands SC
LGOA GRANT Number:	GWDOL14
Grant Period:	July 1, 2014 through June 30, 2015
Final -	Circle One YES <u>NO</u>
Payment #:	#4
Payment Period:	September 28, 2014 through October 25, 2014
Payment Request Prepared by: Robyn Campbell	
Phone: 864-351-0139	

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM - TITLE V

		5B80 EW&F Federal (a)	5B81 OPC Federal (b)	5B82 ADM Federal (c)	5B83 MATCH Local (d)
A	Current Grant Award	\$474,091.00	\$69,133.00	\$51,971.00	\$66,133.00
B	Actual Expenses Year To Date	\$120,223.09	\$23,244.69	\$11,285.34	\$19,544.27
C	Prior Funds Requested Year to Date	\$87,038.38	\$15,850.87	\$10,751.54	\$15,353.10
D	Reimbursement Needed (Line B minus Line C)	\$33,184.71	\$7,393.82	\$533.80	\$4,191.17
E	Federal Share (Line D) 100%	\$33,184.71	\$7,393.82	\$533.80	
F	Local Share (Line D) 100%				\$4,191.17
G	Year to Date Award Balance (A)-(C)-(D)	\$353,867.91	\$45,888.31	\$40,685.66	\$46,588.73
H	TOTAL TO BE PAID BY GRANT ACTIVITY (Line E)	\$33,184.71	\$7,393.82	\$533.80	
I	TOTAL PAYMENT Line H ((a) + (b) + (c))	\$41,112.33			

Please sign, scan and e-mail Payment Requests to 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.

Signature: Robyn Campbell	
Title: Controller	
Date: 11/18/14	Phone: 864-351-0139 FAX: 864-351-0063