



## 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	<b>TOTAL TO BE PAID BY GRANT ACTIVITY (Line E)</b>	<b>\$33,184.71</b>	<b>\$7,393.82</b>	<b>\$533.80</b>	
I	<b>TOTAL PAYMENT Line H ( (a) + (b) + (c) )</b>	<b>\$41,112.33</b>			

Please sign, scan and e-mail Payment Requests to [financehelp@aging.sc.gov](mailto: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

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