



2015 Payment Request Form
07/01/2014 through 06/30/2015

Payment Request #: 3
YTD Expenses through: 9/30/14
Final Pmt ? NO

South Carolina Lieutenant Governor - Office on Aging
Administrative
Agency Name: Catawba Area Agency on Aging
Document Number: R3 MG15
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Prepared by: Barbara J. Robinson

3005800006

APD
10/16/14

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	(a) SFY 14/15 Total Grant Award	(b) Less: FY14 & June Reimbursed	(c) FY15 YTD Expenses 7/1/14 through 9/30/14	(d) Total of All Previous Requests	(e) Amount Requested this Period (c) - (d) If negative enter Zero	(f) Federal (F) Share Required	(g) State (S) Share Required	(h) Local (L) Share Contributed	(i) Revised Current Award Balance (a) - (b) - (c)
4B50	SIIB14	III-B - P & A - F/L	✓ \$54,004.00	\$0.00	\$54,004.00	\$33,088.00	\$20,916.00	\$15,687.00		\$5,228.00	✓ \$0.00
4B25	IIIC14	III-C-1 - P & A - F/L	✓ \$70,639.00	\$0.00	\$814.20	\$0.00	\$814.00	\$611.00		\$204.00	\$69,824.80
4B33	IIIC214	III-C-2 - P & A - F/L	✓ \$35,940.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$35,940.00
4B43	SIIE14	III-E P & A F/L	✓ \$22,965.00	\$0.00	\$22,965.00	\$15,992.00	\$6,973.00	\$5,230.00		\$1,743.00	\$0.00
4B12	SIIB14	III-B Program Development - F/L/S	✓ \$53,891.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$53,891.00
4B09	SIIB14	III-B Supportive Services at AAA-F/L/S (Non-AIM)	✓ \$82,051.00	\$0.00	\$19,638.91	\$12,731.00	\$6,908.00	\$5,872.00		\$345.00	\$62,412.09
4B40	SIIE14	III-E Family Caregiver at AAA - F/L/S (Non-AIM)	✓ \$51,915.00	\$0.00	\$6,162.81	\$0.00	\$6,163.00	\$5,239.00		\$308.00	\$45,752.19
4B60	SIIB14	III-B - Ombudsman - F/S/L	✓ \$44,383.00	\$0.00	\$19,959.20	\$14,522.00	\$5,437.00	\$4,621.00		\$272.00	\$24,423.80
4B59	SELD14	VII - Elder Abuse - F	✓ \$3,646.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$3,646.00
4B69	OMBUD14	VII - Ombudsman - F	✓ \$14,115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$14,115.00
6B70	10010000	Ombudsman - S	✓ \$15,043.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$15,043.00
X2J11	10010000	HCBS State Support	✓ \$76,683.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$76,683.00
3B85	30350000	Admin. Alzheimer's Association - Respite	✓ \$6,227.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$6,227.00
	TOTALS SFY 2015 (FFY14)		✓ \$531,502.00	\$0.00	\$123,544.12	\$76,333.00	\$47,211.00	\$37,266.00		\$925.00	\$407,957.88

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. It requests reimbursement only for expenses incurred through the period covered by this payment request. Reimbursement for direct services is requested only for direct services that have been delivered and documented in the appropriate electronic data system.

Total OAA Fed 14	\$37,260.00
Total State Match	\$925.00
Other State	\$0.00

4.75
Total Fed & State Payments
\$38,185.00
Verified For Clerical Accuracy

Signature: Barbara J. Robinson Title: Executive Director Telephone #: (803) 329-9670 Date: October 13, 2014 BY: APL