



South Carolina Lieutenant Governor - Office on Aging
Administrative

Area Agency on Aging Internal Operations/AAA Services
Agency Name: CareSouth Carolina, Inc. - Vantage Point
Document Number: IR7 MG15
Vendor Number: 7000026841

2015 Payment Request Form
07/01/14 through 06/30/15

Payment Request #: 4
YTD Expenses through: 10/31/14
Final Pmt ? NO

Prepared by: Mark Smith

| Functional Area | Grant Name | Source of Funds F=Federal S=State L=Local | SPY 14/15 Total Grant Award | Less: FY14 Reimbursed | FY15 YTD Expenses 7/1/14 through 10/31/14 | Total of All Previous Requests | Amount Requested this Period (c) - (d) | Federal (F) Share Required | State (S) Share Required | Local (L) Share Contributed | Revised Current Award Balance (a) - (b) - (c) |
|-----------------|------------|--|-----------------------------|-----------------------|---|--------------------------------|--|----------------------------|--------------------------|-----------------------------|---|
| | | Do not change amounts on highlighted lines in Column (a) | | | | | If negative, enter Zero | | | | |
| 4B50 | SIIB14 | III-B - P & A - F/L | \$62,975.00 | \$0.00 | \$22,547.00 | \$18,955.00 | \$3,589.00 | \$2,692.00 | | \$897.00 | \$40,428.00 |
| 4B25 | IIIC14 | III-C-1 - P & A - F/L | \$82,372.00 | \$0.00 | \$28,995.00 | \$21,574.00 | \$7,421.00 | \$5,566.00 | | \$1,855.00 | \$53,377.00 |
| 4B33 | IIIC214 | III-C-2 - P & A - F/L | \$41,911.00 | \$0.00 | \$14,877.00 | \$11,442.00 | \$3,435.00 | \$2,576.00 | | \$859.00 | \$27,034.00 |
| 4B43 | SIIE14 | III-E P & A F/L | \$26,780.00 | \$0.00 | \$9,352.00 | \$6,881.00 | \$2,471.00 | \$1,853.00 | | \$618.00 | \$17,428.00 |
| 4B12 | SIIB14 | III-B Program Development - F/L/S | \$27,358.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$27,358.00 |
| 4B09 | SIIB14 | III-B Supportive Services at AAA-F/L/S (Non-AIM) | \$38,168.00 | \$0.00 | \$12,985.00 | \$9,882.00 | \$3,103.00 | \$2,638.00 | \$155.00 | \$310.00 | \$25,183.00 |
| 4B40 | SIIE14 | III-E Family Caregiver at AAA - F/L/S (Non-AIM) | \$67,460.00 | \$0.00 | \$23,047.00 | \$17,846.00 | \$5,201.00 | \$4,421.00 | \$260.00 | \$520.00 | \$44,413.00 |
| 4B60 | SIIB14 | III-B - Ombudsman - F/S/L | \$56,901.00 | \$0.00 | \$18,935.00 | \$13,987.00 | \$4,948.00 | \$4,206.00 | \$247.00 | \$495.00 | \$37,966.00 |
| 4B59 | SELD14 | VII - Elder Abuse - F | \$4,674.00 | \$0.00 | \$1,566.00 | \$1,298.00 | \$268.00 | \$268.00 | | | \$3,108.00 |
| 4B69 | OMBUD14 | VII - Ombudsman - F | \$18,095.00 | \$0.00 | \$6,032.00 | \$4,885.00 | \$1,147.00 | \$1,147.00 | | | \$12,063.00 |
| 6B70 | 10010000 | Ombudsman - S | \$19,288.00 | \$0.00 | \$6,687.00 | \$5,004.00 | \$1,683.00 | | \$1,683.00 | | \$12,601.00 |
| X2J11 | 10010000 | HCBS State Support | \$102,451.00 | \$0.00 | \$36,894.00 | \$33,464.00 | \$3,430.00 | | \$3,430.00 | | \$65,557.00 |
| 3B85 | 30350000 | Admin. Alzheimer's Association - Respite | \$6,372.00 | \$0.00 | \$2,296.00 | \$1,884.00 | \$412.00 | | \$412.00 | | \$4,076.00 |
| | | TOTALS SPY 2015 (FFY14) | \$554,805.00 | \$0.00 | \$184,213.00 | \$147,105.00 | \$37,108.00 | \$25,367.00 | \$6,187.00 | \$5,554.00 | \$370,592.00 |
| | | Total OAA Fed 14 | | | | \$25,367.00 | | | | | |
| | | Total State Match | | | | \$5,775.00 | | | | | |
| | | Other State | | | | \$412.00 | | | | | |

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. 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.

| | | |
|--|-----------------|---------------------------|
| Signature:  | Date: 11/4/2014 | Telephone #: 843.383.8632 |
| Signature:  | Date: 11/4/14 | Executive Director |

Total Fed & State Payments \$31,554.00