



South Carolina Lieutenant Governor - Office on Aging  
Administrative

Area Agency on Aging Internal Operations/AAA Services  
Agency Name: Lower Savannah Council of Governments  
Document Number: RS MG15  
Vendor Number: 7000025871

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: Frances Owens

Functional Area	Grant Name	Source of Funds F=Federal S=State L=Local	SFY 14/15 Total Grant Award	Less: FY14 Reimbursed Cash on Hand 6/30/2014	FY15 YTD Expenses 7/1/14 through 10/31/14	(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 Award Balance (a) - (b) - (c)
		Do not change amounts on highlighted lines in Column (a)									
4B50	SIIB14	III-B - P & A - F/L	\$61,055.00	\$0.00	\$61,055.00	\$38,731.00	\$22,324.00	\$16,743.00		\$5,581.00	\$0.00
4B25	IIIC14	III-C-1 - P & A - F/L	\$79,860.00	\$0.00	\$4,949.00	\$0.00	\$4,949.00	\$3,712.00		\$1,237.00	\$74,911.00
4B33	IIIC214	III-C-2 - P & A - F/L	\$40,631.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$40,631.00
4B43	SIIE14	III-E P & A F/L	\$25,964.00	\$0.00	\$13,910.00	\$8,220.00	\$5,690.00	\$4,268.00		\$1,423.00	\$12,054.00
4B12	SIIB13	III-B Program Development - F/L/S	\$7,093.00	-\$395.00	\$7,488.00	\$7,488.00	\$0.00	\$0.00		\$0.00	\$0.00
4B12	SIIB14	III-B Program Development - F/L/S	\$33,039.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$33,039.00
4B09	SIIB13	III-B Supportive Services at AAA-F/L/S (Non-AIM)	\$4,431.00	-\$146.00	\$4,577.00	\$4,577.00	\$0.00	\$0.00		\$0.00	\$0.00
4B09	SIIB14	III-B Supportive Services at AAA-F/L/S (Non-AIM)	\$136,872.00	\$0.00	\$34,549.00	\$19,059.00	\$15,490.00	\$13,167.00	\$775.00	\$1,549.00	\$102,323.00
4B40	SIIE14	III-E Family Caregiver at AAA - F/L/S (Non-AIM)	\$61,257.00	\$0.00	\$20,863.00	\$15,268.00	\$5,595.00	\$4,756.00	\$280.00	\$560.00	\$40,394.00
4B60	SIIB14	III-B - Ombudsman - F/S/L	\$48,532.00	\$0.00	\$18,360.00	\$13,281.00	\$5,079.00	\$4,317.00	\$254.00	\$508.00	\$30,172.00
4B59	SELD14	VII - Elder Abuse - F	\$3,987.00	\$0.00	\$2,407.00	\$2,225.00	\$182.00	\$182.00			\$1,580.00
4B69	OMBUD14	VII - Ombudsman - F	\$15,434.00	\$0.00	\$2,888.00	\$2,156.00	\$732.00	\$732.00			\$12,546.00
6B70	10010000	Ombudsman - S	\$16,451.00	\$0.00	\$9,834.00	\$7,580.00	\$2,254.00		\$2,254.00		\$6,617.00
X2J11	10010000	HCBS State Support	\$99,981.00	\$0.00	\$22,753.00	\$15,372.00	\$7,381.00		\$7,381.00		\$77,228.00
2B84	10010000	Admin. Respite Non-Recurring	\$19,204.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$19,204.00
3B85	30350000	Admin. Alzheimer's Association - Respite	\$8,699.00	\$0.00	\$3,550.00	\$2,383.00	\$1,167.00		\$1,167.00		\$5,149.00
		TOTALS SFY 2015 (FFY14)	\$662,490.00	-\$541.00	\$207,183.00	\$136,340.00	\$70,843.00	\$47,877.00	\$12,111.00	\$10,858.00	\$455,848.00
Total OAA Fed 14						\$47,877.00					
Total State Match						\$10,944.00					
Other State						\$1,167.00					

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.

Total Fed & State Payments \$59,988.00

Signature: *Frances Owens* Telephone #: 803-649-7981  
Signature: *Connie N. Shadd* Date: 11/4/14  
Executive Director