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6/26
10/1/14

South Carolina Lieutenant Governor - Office on Aging
Services

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

Payment Request #: 2a
YTD Expenses through: 8/31/14
Final Pmt ? NO

Area Agency on Aging Multi-Program Contract Reimbursements

Agency Name: Catawba Area Agency On Aging

Document Number: R3 MG15

Vendor Number: 7000029284

Prepared by: Barbara J. Robinson

Functional Area	Grant Name	Source of Funds	Award	Reimbursed	YTD FY15 Expenses 7/1/2014 through 8/31/14	Total of All Previous FY15 Requests	Amount FY15 Requested this Period	Federal (f) Share	State (s) Share	Local (L) Share	Retired Balance

4B10	SIIB13	III-B - Supportive Services Contracted-F/LUS (Auth in AIM)	\$4,711.00	\$0.00	\$4,711.00	\$4,711.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B10	SIIB14	III-B - Supportive Services Contracted-F/LUS (Auth in AIM)	\$277,308.00	\$0.00	\$31,288.00	\$13,791.00	\$17,507.00	\$14,881.00	\$875.00	\$1,751.00	\$346,010.00
4B10	SIIB13	III-B - Legal Services	\$7,966.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,966.00
4B10	SIIB14	III-B - Legal Services	\$17,155.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,155.00
4B20	IIIC13	III-C-1 - Group Dining - F/LUS	\$15,064.00	\$0.00	\$15,064.00	\$16,064.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B20	IIIC14	III-C-1 - Group Dining - F/LUS	\$288,953.00	\$0.00	\$37,584.00	\$12,513.00	\$25,072.00	\$21,311.00	\$1,254.00	\$2,507.00	\$281,389.00
4B30	IIIC23	III-C-2 - Home Delivered Meals F/LUS	\$40,048.00	\$0.00	\$40,048.00	\$28,144.00	\$11,907.00	\$10,118.00	\$595.00	\$1,190.00	\$0.00
4B30	IIIC24	III-C-2 - Home Delivered Meals F/LUS	\$350,573.00	\$0.00	\$13,981.00	\$0.00	\$13,981.00	\$11,884.00	\$699.00	\$1,388.00	\$336,592.00
4B52	SIID13	III-D Evidence-Based Wellness Programs F/LUS	\$736.00	\$0.00	\$736.00	\$736.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B52	SIID14	III-D Evidence-Based Wellness Programs F/LUS	\$26,316.00	\$0.00	\$4,011.00	\$1,623.00	\$2,388.00	\$2,030.00	\$119.00	\$239.00	\$22,307.00
4B45	SIIE13	III-E Family Caregiver Services (Auth in AIM) - F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B45	SIIE14	III-E Family Caregiver Services (Auth in AIM) - F	\$110,856.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110,856.00
5B65	SNSIP14	NSIP	\$152,377.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$152,377.00
X2J11	10010000	HCS-State	\$833,891.00	\$0.00	\$27,537.00	\$14,426.00	\$13,212.00	\$11,891.00	\$27,349.00	\$1,321.00	\$124,740.00
3B90	31270000	ACE - Bingo - Other	\$54,308.33	\$0.00	\$61,809.00	\$31,421.00	\$30,388.00	\$27,349.00	\$3,902.00	\$3,039.00	\$772,082.00
2B84	10010000	Repaste State - Nonrecuring FY14	\$105,962.23	\$0.00	\$8,320.00	\$3,984.00	\$4,336.00	\$0.00	\$0.00	\$434.00	\$45,889.32
3B84	30350000	Alzheimer's Association - Repaste	\$86,042.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$86,042.00
TOTALS SFY 2016 (FFY14)			\$2,461,871.56	\$0.00	\$277,406.00	\$158,618.00	\$118,781.00	\$72,115.00	\$24,793.00	\$2,115.00	\$2,174,466.56
Total Federal FFY14											
Total State Match											
Other State											
Total Federal & State Payment											

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 the period covered by this payment request and only for contractors that have electronically replicated data with all information required by the LGOA.

Signature: Barbara J. Robinson

Title: Executive Director

Date: 9/30/14

Phone: (803) 329-9670

Verified For Clerical Accuracy

By: 4/1