



## 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 #:	#1
Payment Period:	July 1, 2014 through July 26, 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	\$22,395.87	\$4,057.16	\$3,198.02	\$4,825.43
C	Prior Funds Requested Year to Date	\$0.00	\$0.00	\$0.00	\$0.00
D	Reimbursement Needed (Line B minus Line C)	\$22,395.87	\$4,057.16	\$3,198.02	\$4,825.43
E	Federal Share (Line D) 100%	\$22,395.87	\$4,057.16	\$3,198.02	
F	Local Share (Line D) 100%				\$4,825.43
G	Year to Date Award Balance (A)-(C)-(D)	\$451,695.13	\$65,075.84	\$48,772.98	\$61,307.57
H	<b>TOTAL TO BE PAID BY GRANT ACTIVITY (Line E)</b>	<b>\$22,395.87</b>	<b>\$4,057.16</b>	<b>\$3,198.02</b>	
I	<b>TOTAL PAYMENT Line H ( (a) + (b) + (c) )</b>	<b>\$29,651.05</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: 8/11/14	Phone: 864-351-0139	FAX: 864-351-0063	