



South Carolina Lieutenant Governor - Office on Aging

Payment Request Form

Agency Name: Senior Centers of Spartanburg County, Inc
LGOA Grant Number: CDSMP12-03
Grant Period: September 1, 2012 - August 31, 2015
Budget Period: September 1, 2014 - June 30, 2015
Final - Indicate one YES NO
Payment #: 1
Payment Period: October 1, 2014-October 31, 2014
Payment Request Prepared by: Vickie Wingo

Functional Area:		Grant Name:	
4B89		EVIDENCE BASED DISEASE PREVENTION PROGRAM	
		SFY15	
A	Current Grant Award	\$ 19,375.00	
A-1	Carry-forward from Previous SFY	\$ -	
B	Actual Expenses Year To Date	\$ 3,590.00	
C	Prior Funds Requested Year-To-Date	\$ 2,539.00	
D	Total Request <u>This</u> Payment B-C	\$ 1,051.00	
E	Federal Share Requested (D) *1	\$ 1,051.00	
F	Local Share Required (D) *0	\$0	
G	Year To Date Award Balance A-C-D	\$ 15,785.00	

E-mail the payment request and related activities to 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:	<i>Dandrea K. Owens</i>	<i>Vickie Wingo</i>
Title:	CEO	Acct. Manager
Date:	11/6/2014	
Telephone Number:	864-596-3910	