



South Carolina Lieutenant Governor - Office on Aging

Agency Name:	Memory Matters
LGOA GRANT Number:	ARC 15-07
Grant Period:	July 1, 2014 through June 30, 2015
Final:	Circle One: YES <u>NO</u>
Payment #:	<u># 4</u>
Payment Period:	July 1, 2014 through <u>10-31-14</u> (Current Month, Day, Year)
Payment Request Prepared by:	<u>EDWINA HOYLE</u>

Functional Area	Grant Name		ALZHEIMER'S RESOURCE COORDINATION CENTER GRANT	
X2E00	ARCC 15	SFY15		
			Local Share	ARCC Share
	A	Current Grant Award	\$20,000.00	\$20,000.00
	B	Actual Expenses Grant Period To Date (S + L)	<u>6600.00</u>	<u>6600.00</u>
	C	Prior Funds Requested in Grant Period (S + L)	<u>4950.00</u>	<u>4950.00</u>
	D	Total Request This Payment (B) - (C) (S + L)	<u>1650.00</u>	<u>1650.00</u>
	E	State Share Requested (D)		<u>1650.00</u>
	F	Local Share Required (D)	<u>1650.00</u>	
	G	Year to Date Award Balance (A) - (C) - (D)	<u>13400.00</u>	<u>13400.00</u>
	H	TOTAL STATE (E)		<u>1650.00</u>

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.

E-mail payment request to finance: financehelp@aging.sc.gov

Signature:	<u>Edwina Hoyle</u>
Title:	<u>EXECUTIVE DIRECTOR</u>
Date:	<u>11-8-14</u>
Telephone Number:	<u>(843) 842-6688</u>