



**2015 Payment Request Form**  
07/01/14 Through 06/30/15

South Carolina Lieutenant Governor - Office on Aging  
Insurance Counseling  
Agency Name: Catawba Area Agency on Aging  
Document Number: R3 IC15  
Vendor Number: 7000029284

Payment Request #: **4**  
YTD Expenses through: **10/31/14**  
Final Pmt ? **NO**  
Prepared by: Barbara J. Robinson

Functional Area	Grant Name	Grant Period	Source of Funds BUDGET CATEGORY	CDFA	(a) SFY 14/15 Total Grant Award	(b) YTD Expenses 7/1/14 through 10/31/14	(c) Total of All Previous Requests	(d) Amount Requested this Period (b) - (c)	(e) Federal (F) Share Required	(f) State (S) Share Required	(g) Local (L) Share Contributed	(h) Revised Current Award Balance (a) - (b)
			Do not change amounts in Column (a)					If negative, enter Zero				
4B83	E0401SHIAP14	4/1/14-3/31/15	SHIAP Grant # 90SA0015-01-00	93.324	\$61,913.00	\$6,204.19	\$0.00	\$6,204.19	\$6,204.00			\$55,708.81
4B66	E0401SMEPA12	6/1/14-5/31/15	SMP - BASIC # 90MP0179/02	93.048	\$10,959.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$10,959.00
5B07	E0401SCSMP12	9/30/12-12/31/13	SMP - Expan # 9090SP0040	93.048	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
5B07	E0401SCSMP13	9/30/13-9/29/15	SMP - Expan # 90SP0087-01	93.048	\$15,198.00	\$9,032.00	\$9,032.00	\$0.00	\$0.00			\$6,166.00
5B06	E0401MIPPA13	9/30/13-9/29/14	MIPPA Grant # IX0CMS331265-01	93.071	\$13,546.00	\$13,546.00	\$13,546.00	\$0.00	\$0.00			\$0.00
5B04	E0401MPAAA13	9/30/13-9/29/14	MIPPA Grant # 13AASCMAAA	93.071	\$13,774.00	\$13,774.00	\$13,774.00	\$0.00	\$0.00			\$0.00
5B05	E0401MADRC13	9/30/13-9/29/14	MIPPA Grant # 13AASCMAADR	93.071	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00
5B06	E0401MIPPA14	9/30/14-9/29/15	MIPPA Grant # 14AASCMSHI	93.071	\$21,638.00	\$0.00	\$0.00	\$0.00	\$0.00			\$21,638.00
5B04	E0401MPAAA14	9/30/14-9/29/15	MIPPA Grant # 14AASCMAAA	93.071	\$23,938.00	\$0.00	\$0.00	\$0.00	\$0.00			\$23,938.00
5B05	E0401MADRC14	9/30/14-9/29/15	MIPPA Grant # 14AASCMAADR	93.071	\$10,203.00	\$0.00	\$0.00	\$0.00	\$0.00			\$10,203.00
			<b>TOTALS SFY 2015</b>		<b>\$171,169.00</b>	<b>\$42,556.19</b>	<b>\$36,352.00</b>	<b>\$6,204.19</b>	<b>\$6,204.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$128,612.81</b>

*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 is requested only for allowable services that have been delivered and documented in the appropriate electronic data system.*

Total Federal	\$6,204.00
Total State	\$0.00
<b>Total Federal and State Payment</b>	<b>\$6,204.00</b>

Signature: <u>Barbara J. Robinson</u>	Date: November 7, 2014	Telephone #: (803) 329-9670
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