



South Carolina Lieutenant Governor - Office on Aging

Payment Request Form

Agency Name: HopeHealth
LGOA Grant Number: CDSMP12-22
Grant Period: September 1, 2012 -August 30, 2015
Budget Period: September 1, 2014 -June 30, 2015
Final - Indicate one YES NO
Payment #: 1
Payment Period: Sep-14
Payment Request Prepared by: Yvonne Van Camp

Functional Area:		Grant Name:	
4B89		EVIDENCE BASED DISEASE PREVENTION PROGRAM	
			SFY15
A	Current Grant Award		\$20,000.00
A-1	Carry-forward from Previous SFY		\$0.00
B	Actual Expenses Year To Date		\$1,750.00
C	Prior Funds Requested Year-To-Date		\$ -
D	Total Request <u>This</u> Payment B-C		\$ 1,750.00
E	Federal Share Requested (D) *1		\$ 1,750.00
F	Local Share Required (D) *0		\$0
G	Year To Date Award Balance A-B		\$18,250.00

E-mail the payment request 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:

Title: Coordinator

Date: 11/6/2014

Telephone Number: 843-656-0363



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Payment Request Prepared by: Yvonne Van Camp

Functional Area:		Grant Name:				
4B89		EVIDENCE BASED DISEASE PREVENTION PROGRAM				
						SFY15
A	Current Grant Award					\$20,000.00
A-1	Carry-forward from Previous SFY					\$0.00
B	Actual Expenses Year To Date					\$3,000.00
C	Prior Funds Requested Year-To-Date					\$ 1,750.00
D	Total Request <u>This</u> Payment B-C					\$ 1,250.00
E	Federal Share Requested (D) *1					\$ 1,250.00
F	Local Share Required (D) *0					\$0
G	Year To Date Award Balance A-B					\$17,000.00

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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:

Title: Coordinator

Date: 11/6/2014

Telephone Number: 843-656-0363