



South Carolina Lieutenant Governor - Office on Aging

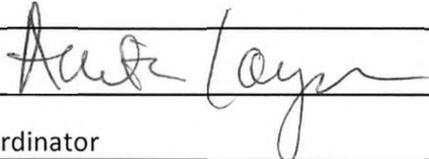
Payment Request Form

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 #: 1
Payment Period:
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

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