



### South Carolina Lieutenant Governor - Office on Aging

<b>Agency Name:</b>	Memory Matters		
<b>LGOA GRANT Number:</b>	ARC 15-07		
<b>Grant Period:</b>	July 1, 2014 through June 30, 2015		
<b>Final:</b>	Circle One:	YES	<input checked="" type="radio"/> NO
<b>Payment #:</b>	5		
<b>Payment Period:</b>	July 1, 2014 through	NOV. 30, 2014	(Current Month, Day, Year)
<b>Payment Request Prepared by:</b>	EDWINA HOYLE		

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)	8250 <sup>00</sup>	8250 <sup>00</sup>
	C	Prior Funds Requested in Grant Period (S + L)	6600 <sup>00</sup>	6600 <sup>00</sup>
	D	Total Request This Payment (B) - (C) (S + L)	1650 <sup>00</sup>	1650 <sup>00</sup>
	E	State Share Requested (D)		1650 <sup>00</sup>
	F	Local Share Required (D)	1650 <sup>00</sup>	
	G	Year to Date Award Balance (A) - (C) - (D)	11750 <sup>00</sup>	11750 <sup>00</sup>
	H	TOTAL STATE (E)		1650 <sup>00</sup>

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](mailto:financehelp@aging.sc.gov)

<b>Signature:</b>	Edwina Hoyle
<b>Title:</b>	EXECUTIVE DIRECTOR
<b>Date:</b>	12/5/14
<b>Telephone Number:</b>	843-842-6688