



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