



## South Carolina Lieutenant Governor - Office on Aging

Agency Name:	EXPERIENCE WORKS		
LGOA GRANT Number:	EWDOL14		
Grant Period:	JULY 1, 2014 THROUGH JUNE 30, 2015		
Final -	Indicate One	YES	<b>NO</b>
Payment #:	7		
Payment Period:	31-Oct-14		
Payment Request Prepared by: ANDREW JAIME		Phone: 703-682-2535	

### SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM - TITLE V

		5B80 EW&F Federal (a)	5B81 OPC Federal (b)	5B82 ADM Federal (c)	5B83 MATCH Local (d)
A	Current Grant Award	\$408,447.00	\$69,133.00	\$51,971.00	\$58,839.00
B	Actual Expenses Year To Date	\$127,894.70	\$16,356.88	\$12,035.44	\$26,168.57
C	Prior Funds Requested Year to Date	\$127,894.70	\$12,429.08	\$8,739.21	\$26,168.57
D	Reimbursement Needed (Line B minus Line C)	\$0.00	\$3,927.80	\$3,296.23	\$0.00
E	Federal Share (Line D) 100%	\$0.00	\$3,927.80	\$3,296.23	
F	Local Share (Line D) 100%				\$0.00
G	Year to Date Award Balance (A)-(C)-(D)	\$280,552.30	\$52,776.12	\$39,935.56	\$32,670.43
H	<b>TOTAL TO BE PAID BY GRANT ACTIVITY (Line E)</b>	<b>\$0.00</b>	<b>\$3,927.80</b>	<b>\$3,296.23</b>	
I	<b>TOTAL PAYMENT Line H (a) + (b) + (c)</b>	<b>\$7,224.03</b>			

Please sign, scan and e-mail Payment Requests to [financehelp@aging.sc.gov](mailto: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: INTERIM STATE PROGRAM MANAGER

Date: 11/17/14	Phone: 703-682-2273	FAX: 803-252-9155
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