



South Carolina Lieutenant Governor - Office on Aging
Services

2015 Payment Request Form
07/1/2014 through 6/30/2015

Payment Request #: **4**
YTD Expenses through: **10/31/14**
Final Pmt ? **NO**

Area Agency on Aging Multi-Program Contract Reimbursements
Agency Name: Trident Area Agency on Aging
Document Number: **R9 MG15**
Vendor Number: 7000029198

Prepared by: Lisa Natividad

| Functional Area | Grant Name | Source of Funds F=Federal S=State L=Local | (a) SFY 14-15 Total Grant Award | (b) Less: FY14 Reimbursed | (c) YTD FY15 Expenses 7/1/2014 through 10/31/14 | (d) Total of All Previous FY15 Requests | (e) Amount FY15 Requested this Period | (f) Federal (F) Required | (g) Share State (S) Required | (h) Local (L) Share Contributed | (i) Revised Award Balance (a) - (b) - (c) |
|-----------------|------------|--|--|---------------------------------|--|---|--|--------------------------------|---------------------------------------|--|--|
| | | | | | | | If negative, enter Zero | | | | |
| 4B10 | SIIB14 | III-B - Supportive Services Contracted-F/L/S (Auth in AIM) | \$482,067.00 | \$0.00 | \$136,517.00 | \$98,715.00 | \$37,802.00 | \$32,132.00 | \$1,890.00 | \$3,780.00 | \$345,540.00 |
| 4B10 | SIIB14 | III-B - Legal Services | \$22,326.00 | \$0.00 | \$2,943.00 | \$2,317.00 | \$626.00 | \$532.00 | \$31.00 | \$63.00 | \$19,382.00 |
| 4B20 | IIIC113 | III-C-1 - Group Dining - F/L/S | \$31,718.00 | \$0.00 | \$31,718.00 | \$31,718.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 4B20 | IIIC114 | III-C-1 - Group Dining - F/L/S | \$389,068.00 | \$0.00 | \$70,449.00 | \$42,236.00 | \$28,213.00 | \$23,981.00 | \$1,411.00 | \$2,821.00 | \$318,619.00 |
| 4B30 | IIIC213 | III-C-2 - Home Delivered Meals F/L/S | \$113,245.00 | \$0.00 | \$113,245.00 | \$88,245.00 | \$25,000.00 | \$21,250.00 | \$1,250.00 | \$2,500.00 | \$0.00 |
| 4B30 | IIIC214 | III-C-2 - Home Delivered Meals F/L/S | \$456,242.00 | \$0.00 | \$7,118.00 | \$0.00 | \$7,118.00 | \$6,050.00 | \$356.00 | \$712.00 | \$449,124.00 |
| 4B52 | SIID14 | III-D Evidence-Based Wellness Programs F/L/S | \$34,251.00 | \$0.00 | \$11,785.00 | \$8,935.00 | \$2,850.00 | \$2,423.00 | \$143.00 | \$285.00 | \$22,466.00 |
| 4B45 | SIIE14 | III-E Family Caregiver Services (Auth in AIM) - F | \$128,411.00 | \$0.00 | \$9,298.00 | \$8,796.00 | \$502.00 | \$502.00 | | | \$119,113.00 |
| 5B65 | SNSIP14 | NSIP | \$208,283.00 | \$0.00 | \$79,165.00 | \$57,724.00 | \$21,441.00 | \$19,297.00 | | \$2,144.00 | \$129,118.00 |
| X2J11 | 10010000 | HCBS-State | \$1,278,934.00 | \$0.00 | \$310,075.00 | \$215,305.00 | \$94,770.00 | | \$85,293.00 | \$9,477.00 | \$968,859.00 |
| 3B90 | 31270000 | ACE - Bingo - Other | \$63,241.56 | \$0.00 | \$18,841.00 | \$14,079.00 | \$4,762.00 | | \$4,286.00 | \$476.00 | \$44,400.56 |
| 2B84 | 10010000 | Repsite State - Nonrecurring FY14 | \$211,521.00 | \$0.00 | \$115,623.00 | \$93,539.00 | \$22,084.00 | | \$22,084.00 | | \$95,898.00 |
| 2B84 | 10010000 | Repsite State - Nonrecurring FY15 | \$198,966.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | | \$198,966.00 |
| 3B84 | 30350000 | Alzheimer's Association - Respite | \$64,826.00 | \$0.00 | \$28,169.00 | \$24,306.00 | \$3,863.00 | | \$3,863.00 | | \$36,656.00 |
| | | TOTALS SFY 2015 (FFY14) | \$3,683,087.56 | \$0.00 | \$934,946.00 | \$685,915.00 | \$249,031.00 | \$106,167.00 | \$120,607.00 | \$22,258.00 | \$2,748,141.56 |

| | |
|--|---------------------|
| Total Federal FFY14 | \$106,167.00 |
| Total State Match | \$112,458.00 |
| Other State | \$8,149.00 |
| Total Federal & State Payment | \$226,774.00 |

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. It requests reimbursement only for the period covered by this payment request and only for contractors that have electronically replicated data with all information required by the LGOA.

Signature: *Lisa Natividad* Date: 11/14/14
Signature: *Stephanie Smith* Executive Director Date: 11/14/14

Phone: (843)554-2275