



## South Carolina Lieutenant Governor - Office on Aging

Agency Name:	EXPERIENCE WORKS
LGOA GRANT Number:	EWDL14
Grant Period:	JULY 1, 2014 THROUGH JUNE 30, 2015
Final -	Indicate One YES ( NO )
Payment #:	4
Payment Period:	SEPTEMBER 1, 2014 THROUGH SEPTEMBER 31, 2014
Payment Request Prepared by: MELISSA GALDOS	
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	\$96,362.07	\$8,728.30	\$4,138.18	\$22,755.24
	Prior Funds Requested Year to Date	\$62,712.38	\$8,728.30	\$4,138.18	\$16,079.52
D	Reimbursement Needed (Line B minus Line C)	\$33,649.69	\$0.00	\$0.00	\$6,675.72
E	Federal Share (Line D) 100%	\$33,649.69	\$0.00	\$0.00	
F	Local Share (Line D) 100%				\$6,675.72
G	Year to Date Award Balance (A)-( C)-(D)	\$312,084.93	\$60,404.70	\$47,832.82	\$36,083.76
H	TOTAL TO BE PAID BY GRANT ACTIVITY (Line E)	\$33,649.69	\$0.00	\$0.00	
I	TOTAL PAYMENT Line H ( (a) + (b) + (c) )	\$33,649.69			

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: 10/10/14	Phone: 703-682-2273	FAX: 803-252-9155
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**SOUTH CAROLINA STATE TITLE 5  
REPORT OF CERTIFIED OR IN-KIND COSTS**

**SECTION I COMPLETED BY CONTRACTOR**

For the period

SEPTEMBER 2014

Experience Works, Inc.  
Name of Contractor

\_\_\_\_\_  
Program Officer, DHR

Accounting Services, DHR

Certified Cost      In-Kind Cost

Community Cost Sharing  
(Certified Cash Transfer (CCT))

**TITLE OF PROGRAM:** SCSEP

**CONTRACT #** EWDOL14 **IDENTIFICATION #** \_\_\_\_\_ **CONTROL #** \_\_\_\_\_

**NAME AND ADDRESS OF PROVIDER OR CERTIFIED OR IN-KIND COSTS:**

Experience Works, Inc.  
P O Box 2768  
Richmond Hill, Georgia 31324

**COSTS:**

PERSONNEL (attach continuation, if needed)

NAME	TITLE	SALARY	FRINGE BENEFITS	%TIME	APPLICABLE AMOUNT
Host Agency	Supv.	X			\$ 6,675.72
<b>SUB-TOTAL</b> .....					\$ 6,675.72

**OTHER COSTS** (attach continuation, if needed)

**SUB-TOTAL**.....\$ 6,675.72  
**GRAND TOTAL**.....\$ 6,675.72

I, the undersigned, hereby certify that the above certified or in-kind match costs have been provided/received in compliance with the requirements and conditions of the applicable federal program. I further certify that my office has available a set of accounting records relative to these certified costs that specifically identifies each specific detailed transaction direct to this federal program and that these records are available for DHR or federal auditors review.

Date: 10/10/14

Signed: \_\_\_\_\_

*Sheil Earp*

INTERIM STATE PROGRAM MANAGER \_\_\_\_\_

Title

Form 5215

# Report Generation

RUN DATE: 10/08/14  
RUN TIME: 12:00

EXPERIENCE WORKS, INC.  
SC GOV 164 BUDGET VS. ACTUAL PY 14/15 INCL ACCRUA  
September 30, 2014 ACCRUAL BASIS RPT.

REQUEST NAME: 41BUD15R-164  
ROW FILE NAME: BUDGET-SC15  
FORMAT NAME: BUDGET-SC15

FUNDING SOURCE : 164		(A)	(B)	(C)	(D) = (A) - (C)	(E) = (C) / (A)	(F) = 100% - (E)
ACCT NUMBER	ACCOUNT DESCRIPTION	TOTAL GRANT BUDGET	ACTUAL EXPENDITURES PTD	YTD	GRANT \$ LEFT	% BUDGET SPENT	% GRANT LEFT
BUDGET SUMMARY BY OBJECT CLASS							
=====							
ADM EXPENSES INCL RSC ACCRUAL							
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164	SALARIES/WAGES 5000-5199	0.00	18.57	93.29	93.29-	0.00	0.00
164	FRINGE BENEFITS 5200-5399	0.00	9.39	22.64	22.64-	0.00	0.00
164	SUPPLIES 5900-5999	0.00	10.58	10.62	10.62-	0.00	0.00
164	COMMUNICATIONS 6000-6099	0.00	0.00	30.22	30.22-	0.00	0.00
164	MAINTENANCE & REPAIR 6200-6299	0.00	0.00	8.55	8.55-	0.00	0.00
164	RENT 6300-6399	0.00	66.00	152.57	152.57-	0.00	0.00
164	UTIL/JANITORIAL/CUST 6400-6499	0.00	0.00	4.18	4.18-	0.00	0.00
164	OTHER INSURANCE 6500-6599	0.00	62.74	2,078.01	2,078.01-	0.00	0.00
164	OTHER EXPENSES 6600-7999	0.00	0.00	110.17	110.17-	0.00	0.00
164	ADMIN COST POOL 8800-8899	0.00	0.00	4,035.23	4,035.23-	0.00	0.00
TOTAL ADMIN EXPENSES INCL RSC		0.00	167.28	6,545.48	6,545.48-	0.00	0.00
		=====	=====	=====	=====	=====	=====
EWFB PROG COSTS INCL ACCRUAL							
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164	SALARIES/WAGES 5000-5199	359,169.05	29,723.23	85,120.55	274,048.50	23.70	76.30
164	FRINGE BENEFITS 5200-5399	49,277.95	3,926.46	11,241.52	38,036.43	22.81	77.19
TOTAL EWFB PROG COSTS		408,447.00	33,649.69	96,362.07	312,084.93	23.59	76.41
		=====	=====	=====	=====	=====	=====
OPC EXPENSES INCL RSC ACCRUAL							
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164	SALARIES/WAGES 5000-5199	0.00	1,625.98	7,120.13	7,120.13-	0.00	0.00
164	FRINGE BENEFITS 5200-5399	0.00	313.98	1,409.35	1,409.35-	0.00	0.00
164	TRAVEL 5600-5699	0.00	424.50	2,129.32	2,129.32-	0.00	0.00
164	SUPPLIES 5900-5999	0.00	63.43	70.27	70.27-	0.00	0.00
164	COMMUNICATIONS 6000-6099	0.00	64.00	224.51	224.51-	0.00	0.00
164	MAINTENANCE & REPAIR 6200-6299	0.00	0.00	18.39	18.39-	0.00	0.00
164	RENT 6300-6399	0.00	574.31	982.38	982.38-	0.00	0.00
164	UTIL/JANITORIAL/CUST 6400-6499	0.00	0.00	21.52	21.52-	0.00	0.00
164	ADMIN COST POOL 8800-8899	0.00	0.00	172.85	172.85-	0.00	0.00
TOTAL OPC EXPENSES		0.00	3,066.20	12,148.72	12,148.72-	0.00	0.00
		=====	=====	=====	=====	=====	=====
*** TOTAL EXPENSES		408,447.00	36,883.17	115,056.27	293,390.73	28.17	71.83
		=====	=====	=====	=====	=====	=====

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ACCT NUMBER	ACCOUNT DESCRIPTION	TOTAL GRANT BUDGET	ACTUAL EXPENDITURES PTD	YTD	GRANT \$ LEFT	% BUDGET SPENT	% GRANT LEFT	
499 - INKIND SUMMARY:								
164	5190-0000 SALARIES-INKIND	0.00	6,675.72	22,755.24	22,755.24-	0.00	0.00	
	TOTAL 499 - INKIND	0.00	6,675.72	22,755.24	22,755.24-	0.00	0.00	
	TOTAL INCL. INKIND	408,447.00	43,558.89	137,811.51	270,635.49	33.74	66.26	