Tobacco-Use Prevention Education (TUPE) Program									
County Techr	nical Ass	sistance (P	roposit	tion 56)					
Fiscal Year 2022–23									
First Payment November 8, 2023									
County Treasurer	County Code	Enactment Year	Fiscal Year	PCA	Service Location Field	Suffix	Grantee Name	Payment Amount	
Ventura	56	2022	2022	25445	10561	00	Ventura County Office of Education	\$6,763.31	
							Total	\$6,763.31	

VCOE

Deposit Date: 04/02/2024 CR224476

010-8590-6685

Tobacco-Use Prevention Education (TUPE) Program

County Technical Assistance (Proposition 56)

Fiscal Year 2022–23

First Payment November 8, 2023

County Code	County Name	Amount	Vouchers
56	Ventura	\$6,763.31	00407028
	Total	\$6,763.31	

Request for Payment of a Non-Formula Grant

				Date: November 8, 2023				
SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213								
	(Check unit below according to source of funds.) State Funds 445-5787 Federal Funds-USDOE 323-2246 State Operations 323-4798 Federal Funds-USDA & USDHHS 322-3020							
Program Title: Tobacco-Use Prevention Education County Technical Assistance, Proposition 56								
3.	Fiscal Year: 2022-23	4. Index Code: 0160		5. PCA Code: 25445				
6.	School (SACS) Accounting Codes: Revenue Object Code: 8590 Resource Code: 6685							
7.	7. Total of This Request: \$190,941.51							
8.	8. Program Contact For Questions Regarding This Request:							
Nar Rac	ne: chael Gutierrez		Title: Associate Governmental Program Analyst					
Uni Tob	t: vacco-Use Prevention Education			Phone: 916-319-0196				
9. CERTIFICATION OF AUTHORIZING AGENT: I hereby certify that to the best of my knowledge and belief: (a) the information entered on this request and the attached payment schedule is accurate and I hereby authorize payment of funds, and (b) the program unit responsible for this request has received appropriate assurances indicating that each grantee will abide by the terms of the grant.								
	ne: (Print or Type) ninick Robinson		Title: Division Director					
Sigi	nature:			Date:				
10.	Attach a schedule of payments with sub-totals by county and district.							
11.	. Send an electronic file of this request to the "payments" mailbox.							
12.	COE'S and program contacts	s will be notified b	y e-mail once claim	schedules are sent to SCO.				