<table>
<thead>
<tr>
<th>County Treasurer</th>
<th>County Code</th>
<th>PCA</th>
<th>Service Location Field</th>
<th>Suffix</th>
<th>Grantee</th>
<th>SCHOOL</th>
<th>Academy</th>
<th>CPAID</th>
<th>Grant Amount</th>
<th>Final Payment</th>
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<tbody>
<tr>
<td>Ventura</td>
<td>56</td>
<td>25168</td>
<td>72546</td>
<td>01</td>
<td>Oxnard Union High School</td>
<td>Oxnard High School</td>
<td>Green Technology</td>
<td>C022</td>
<td>$150,000</td>
<td>$75,000</td>
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<td><strong>Total</strong></td>
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<td></td>
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<td><strong>$150,000</strong></td>
<td><strong>$75,000</strong></td>
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VCOE
Deposit Date:02082024
CR220681
010-8590-6386
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<tr>
<th>County Code</th>
<th>County Name</th>
<th>Amount</th>
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<tbody>
<tr>
<td>56</td>
<td>Ventura</td>
<td>$75,000</td>
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<tr>
<td></td>
<td><strong>Statewide Total</strong></td>
<td><strong>$75,000</strong></td>
</tr>
</tbody>
</table>
Request for Payment of a Non-Formula Grant

Date: November 28, 2023

1. 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

2. Program Title:
   California Partnership Academies: SBX1 1 Clean Technology and Renewable Energy - Final Payment

3. Fiscal Year: 2022
4. Index Code: 0615
5. PCA Code: 25168

6. School (SACS) Accounting Codes:
   Resource Code: 6386
   Revenue Object Code: 8590

7. Total of This Request:
   $1,192,000

8. Program Contact For Questions Regarding This Request:
   Name: Cindy Rose
   Title: AGPA
   Unit: Academy, Apprenticeship, and Internship Office
   Phone: 319-0475

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.

   Name: (Print or Type)
   Pete Callas
   Title: CCTD Director
   Signature:
   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 will be notified by e-mail once claim schedules are sent to SCO.