<table>
<thead>
<tr>
<th>County</th>
<th>County Code</th>
<th>PCA</th>
<th>Vendor Code</th>
<th>Service Location Field</th>
<th>Suffix</th>
<th>Grantee</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura</td>
<td>56</td>
<td>23945</td>
<td>1056</td>
<td>10561</td>
<td>00</td>
<td>Ventura County Office of Education</td>
<td>$84,612.65</td>
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</tbody>
</table>
Request for Payment of a Non-Formula Grant

Date: 6/19/2023

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:
   After School Education and Safety System of Support for Expanded Learning Grant

3. Fiscal Year:
   2021-22

4. Index Code:
   0150

5. PCA Code:
   23945

6. School (SACS) Accounting Codes:
   Resource Code: 6010
   Revenue Object Code: 8590

7. Total of This Request:
   $589,842.59

8. Program Contact For Questions Regarding This Request:

   Name: Deborah Denico
   Title: AGPA
   Unit: Expanded Learning Division
   Phone: 916-319-0215

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)
   Michael Funk
   Title: 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.