### Grant Payment
Migrant Education Program Regional Second Payment Schedule
Fiscal Year 2021-22

<table>
<thead>
<tr>
<th>County Treasurer</th>
<th>County Code</th>
<th>Service Location</th>
<th>Suffix</th>
<th>Local Education Agency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura County</td>
<td>56</td>
<td>10561</td>
<td>00</td>
<td>Ventura County Office of Education</td>
<td>$775,100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$775,100</strong></td>
</tr>
</tbody>
</table>

**California Department of Education**

Migrant Education Program
Index 0645, Program Cost Account 14326
Revenue Object Code: 8290
SACS/ Resource Code: 3060/3061/3110
# Request for Payment of a Non-Formula Grant

**Date:**
April 15, 2022

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:**
   Migrant Education

3. **Fiscal Year:**
   2021-22

4. **Index Code:**
   0645

5. **PCA Code:**
   14326

6. **School (SACS) Accounting Codes:**
   Resource Code: 3060/3061

   Revenue Object Code: 8290

7. **Total of This Request:**
   $775,100

8. **Program Contact For Questions Regarding This Request:**

   **Name:**
   Prakash Chand

   **Title:**
   Associate Governmental Program Analyst

   **Unit:**
   Migrant Education Program

   **Phone:**
   916-319-0624

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:**
   Alesha Moreno-Ramirez

   **Title:**
   Division 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.**