<table>
<thead>
<tr>
<th>PCA</th>
<th>County Code</th>
<th>County Treasurer</th>
<th>Service Location Field</th>
<th>Suffix</th>
<th>Grantee</th>
<th>SELPA Code</th>
<th>Payment Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>15197</td>
<td>56</td>
<td>Ventura</td>
<td>10561</td>
<td>01</td>
<td>Ventura County Office of Education</td>
<td>5600</td>
<td>$1,619,375.00</td>
</tr>
</tbody>
</table>

California Department of Education
Special Education Division
Index 0663, Program Cost Account 15197
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182
SACS/ Resource Code: 3327

¹Special Education Local Plan Area

VCOE
Deposit Date: 11/21/2023
CR215473
010-8182-3327

Copy of 21-15197f19
Request for Payment of a Non-Formula Grant

Date: October 20, 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.)
   ☑ Federal Funds-USDOE 323-2246
   ☐ State Funds 445-5787
   ☐ State Operations 323-4798
   ☐ Federal Funds-USDA & USDHHS 322-3020

2. Program Title:
   Mental Health Average Daily Attendance (ADA) Allocation

3. Fiscal Year: 2021–22
4. Index Code: 0663
5. PCA Code: 15197

6. School (SACS) Accounting Codes:
   Resource Code: 3327
   Revenue Object Code: 8182

7. Total of This Request:
   $9,055,377.58

8. Program Contact For Questions Regarding This Request:
   Name: Liem Vo, SEDgrants@cde.ca.gov
   Title: Associate Governmental Program Analyst
   Unit: Fiscal Payments Unit, Grants
   Phone: (916) 327-3676

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: Shiyloh Duncan-Becerril
   Title: Associate Director, Special Education Division
   Signature: 
   Digitally signed by Jack C. Brimhall
   Date: 2023.10.23 08:17:02 -07'00'

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.