Grant Pay	ment								
Mental He	alth Aver	age Daily Attend	dance (ADA) Alloca	tion				
Fiscal Year 2021–22									
PCA	County Code	County Treasurer	Service Location Field	Suffix	Grantee	SELPA ¹ Code	Payment Amounts		
15197	56	Ventura	10561	01	Ventura County Office of Education	5600	\$1,619,375.00		
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									
¹ Special Education Local Plan Area									

VCOE

Deposit Date: 11/21/2023 CR215473

010-8182-3327

Request for Payment of a Non-Formula Grant

				Date: Octob	er 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.) ☐ State Funds 445-5787 ☐ Federal Funds-USDOE 323-2246 ☐ 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: Revenue Object Code: 8182 Resource Code: 3327									
7.	7. Total of This Request: \$9,055,377.58									
8. Program Contact For Questions Regarding This Request:										
	me: m Vo, SEDgrants@cde.ca.gov		Title: Associate Governmental Program Analyst							
Un Fis	it: cal 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.										
	me: (Print or Type) yloh Duncan-Becerril		Title: Associate Director, Special Education Division							
Signature: Jack C. Brimhall 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.	1. Send an electronic file of this request to the "payments" mailbox.									
12.	12. COE'S and program contacts will be notified by e-mail once claim schedules are sent to SCO.									