<table>
<thead>
<tr>
<th>County Treasurer</th>
<th>County Code</th>
<th>PCA</th>
<th>Location Field</th>
<th>Suffix</th>
<th>Grantee</th>
<th>Grant Award</th>
<th>First Payment 90% - 1a</th>
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<td>56</td>
<td>25568</td>
<td>72454</td>
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<td>$180,000</td>
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<td>72546</td>
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<td>Oxnard Union High</td>
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<td>Ventura County Office of Education</td>
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VCOE  
Deposit Date 10/17/23  
CR213058  
010-8590-6331
Request for Payment of a Non-Formula Grant

<table>
<thead>
<tr>
<th>Date:</th>
<th>7/11/23</th>
</tr>
</thead>
</table>

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:**
   - CCSPP: Planning Grant - payment 1a

3. **Fiscal Year:**
   - 2022

4. **Index Code:**
   - 0615

5. **PCA Code:**
   - 25568

6. **School (SACS) Accounting Codes:**
   - Resource Code: 6331
   - Revenue Object Code: 8590

7. **Total of This Request:**
   - $35,245,725

8. **Program Contact For Questions Regarding This Request:**
   - **Name:** Tonika Washington
   - **Title:** EPA
   - **Unit:** Community Schools Office
   - **Phone:** 319-0729

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.*

<table>
<thead>
<tr>
<th>Name: (Print or Type)</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete Callas</td>
<td>Director</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

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.**