## Education for Homeless Children and Youth Program

**Fiscal year 2022-2023**

Index 0510  
Program Cost Account (PCA) 14332

<table>
<thead>
<tr>
<th>County Treasurer</th>
<th>County Code</th>
<th>FI$ Su ID</th>
<th>FI$ AS ID</th>
<th>PCA</th>
<th>Suffix</th>
<th>Serv Loc Field</th>
<th>Grantee</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura</td>
<td>56</td>
<td>0000001357</td>
<td>58</td>
<td>14332</td>
<td>00</td>
<td>10561</td>
<td>Ventura County Office</td>
<td>$174,470.00</td>
</tr>
<tr>
<td>Ventura</td>
<td>56</td>
<td>0000001357</td>
<td>58</td>
<td>14332</td>
<td>00</td>
<td>72546</td>
<td>Oxnard Union High</td>
<td>$70,890.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$245,360.00</td>
</tr>
</tbody>
</table>

VCOE  
Deposit Date 4/18/2023  
CR 200387  
010-8290-5630

March 1, 2023
Request for Payment of a Non-Formula Grant

Date: 3/1/2023

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:
   Education for Homeless Children and Youth - Initial payments - Batch #3

3. Fiscal Year:
   2022-23

4. Index Code:
   0510

5. PCA Code:
   14332

6. School (SACS) Accounting Codes:
   Resource Code:  5630
   Revenue Object Code:  8290

7. Total of This Request:
   $2,113,090.00

8. Program Contact For Questions Regarding This Request:

   Name: Jennifer Thao
   Title: Associate Governmental Program Analyst
   Unit: Grant Administration and Support Office
   Phone: 916-319-0717

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)
   William McGee
   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.