<table>
<thead>
<tr>
<th>County Treasurer</th>
<th>County Code</th>
<th>PCA</th>
<th>Service Location</th>
<th>Grantee</th>
<th>Total Grant</th>
<th>Payment Amount (90%)</th>
<th>Final Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura</td>
<td>56</td>
<td>23668</td>
<td>72546</td>
<td>Oxnard Union High School District</td>
<td>$14,245.00</td>
<td>$12,820.50</td>
<td>$1,424.50</td>
</tr>
</tbody>
</table>

Statewide Total

Statewide Total

$1,424.50

$1,424.50
Request for Payment of a Non-Formula Grant

Date: March 14, 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
   - [x] Federal Funds-USDA & USDHHS  322-3020

2. **Program Title:**
   School Breakfast Program and Summer Food Service Program Startup and Expansion Grant

3. **Fiscal Year:**
   2022–23

4. **Index Code:**
   0190

5. **PCA Code:**
   23668

6. **School (SACS) Accounting Codes:**
   Resource Code:  5380
   Revenue Object Code:  8520

7. **Total of This Request:**
   $18,627.58

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elia Bassin</td>
<td>Analyst</td>
</tr>
</tbody>
</table>

   | Unit: |
   | Financial Management Unit |

   | Phone: |
   | 916-319-0403 |

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) |
   | Kim Frinzell |

   | 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.**