<table>
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<tr>
<th>County Code</th>
<th>County Treasurer</th>
<th>PCA</th>
<th>Service Location Field</th>
<th>Suffix</th>
<th>Grantee</th>
<th>SELPA(^1) Code</th>
<th>Payment Amounts</th>
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<td>10561</td>
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<td>Ventura County Office of Education</td>
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<td><strong>Total</strong></td>
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<td><strong>$28,105.00</strong></td>
</tr>
</tbody>
</table>

California Department of Education  
Special Education Division  
Index 0663, Program Cost Account 25657  
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182  
SACS / Resource Code: 3384

\(^1\)Special Education Local Plan Area

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**COUNTY OF VENTURA**

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<tr>
<th>VOUCHER ID</th>
<th>INVOICE ID</th>
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<tr>
<td>00394446</td>
<td>22-25657 11-16-23</td>
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**AMOUNT PAID**

$28105.00

VCOE  
Deposit date: 12.27.23  
CR217867  
010-8182-3384
County Treasurer Summary of Payments
ARPA Part C, Early Education Programs
Fiscal Year 2022–23

<table>
<thead>
<tr>
<th>County Code</th>
<th>County Treasurer</th>
<th>Payment Amounts</th>
<th>Vouchers</th>
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</table>

California Department of Education
Special Education Division
Index 0663, Program Cost Account 25657
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182
SACS / Resource Code: 3384
# Request for Payment of a Non-Formula Grant

**Date:**

November 16, 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:**
   ARPA Part C, Early Education Programs

3. **Fiscal Year:**
   2022–23

4. **Index Code:**
   0663

5. **PCA Code:**
   25657

6. **School (SACS) Accounting Codes:**
   Resource Code: 3384
   Revenue Object Code: 8182

7. **Total of This Request:**
   $588,057.33

8. **Program Contact For Questions Regarding This Request:**
   - **Name:** Liem Vo, SEDGrants@cde.ca.gov
   - **Title:** Associate Governmental Program Analyst
   - **Unit:** Fiscal Payments 1 Unit
   - **Phone:** (916) 319-0282

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:** Shylo Duncan-Becerril
   - **Title:** Associate Director, Special Education Division
   - **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.**