2022 National School Lunch Program Equipment Assistance Grant Fiscal Year 2022–23

Fiscal Year 2022–23												
		Coun		Address		Service						
Voucher	County	ty	FI\$Cal	Sequenc		Location			90%			
number	Treasurer	Code	Supplier ID	e ID	PCA	Field	Grantee	Total Grant	payment			
00367412	Ventura	56	0000001357	58	15667	73874	Oak Park Unified School District	\$75,530.00	\$67,977.00			
00367412	Ventura	56	0000001357	58	15667	72538	Oxnard School District	\$82,800.00	\$74,520.00			
00367412	Ventura	56	0000001357	58	15667	72603	Simi Valley Unified School District	\$48,116.00	\$43,304.40			
							Statewide Total	\$206,446.00	\$185,801.40			

Kím Frínzell, Dírector

Kim Frinzell, Director

5/23/2023

Date

VCOE Deposit Date 06/30/23 CR205705 130-8290 - 5314 010-8290-5314

Request for Payment of a Non-Formula Grant

				Date: 5/6/20	23					
1.	 SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213 									
	<i>(Check unit below according to source of funds.)</i> ☐ State Funds 445-5787 ☐ Federal Funds-USDOE 323-2246 ☐ State Operations 323-4798 ⊠ Federal Funds-USDA & USDHHS 322-3020									
2.	 Program Title: 2022 National School Lunch Program Equipment Assistance Grant 									
3.	Fiscal Year: 2022–23	4. Index Code: 0190			A Code: 906					
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: 5314									
7.	7. Total of This Request: \$9,839,498.40									
8. Program Contact For Questions Regarding This Request:										
	me: /an Gee		Title: Associate Governmental Program Analyst							
Un Nu	it: trition Services Division - Financia	l Management Unit			Phone: 916-445-4815					
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) n Frinzell		Title: Director							
Sig	nature:		I		Date:					
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.									