### Tobacco-Use Prevention Education Program
### Grades Six through Twelve TIER 2 Grant
### Fiscal Year 2022-2023
### Final Payment – November 2023

| County Treasurer | County Code | Suffix | EY    | PCA | Service Location Field | Grantee                                      | Payment Amount |
|------------------|-------------|--------|-------|-----|-------------------------|----------------------------------------------|----------------|----------------|
| Ventura          | 56          | 07     | 2016/17 | 25444 | 10561                   | Ventura County Office of Education           | $429,793.80    |

**PCA 25444, EY 2016/17 ; FY 2022/23**

<table>
<thead>
<tr>
<th>County Code</th>
<th>County Treasurer</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Ventura</td>
<td>$429,793.80</td>
</tr>
</tbody>
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VCOE
Deposit date: 03/06/2024
CR222508
010-8590-6695

Page 1 of 1
Request for Payment of a Non-Formula Grant

Date: 11/13/2023

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:
   Grades Six through Twelve Tier 2 Grant

3. Fiscal Year: 2022-23
4. Index Code: 0160
5. PCA Code: 25444

6. School (SACS) Accounting Codes:
   Resource Code: 6695
   Revenue Object Code: 8590

7. Total of This Request:
   $1,490,816.55

8. Program Contact For Questions Regarding This Request:
   Name: Shalonn Woodard
   Title: Associate Governmental Program Analyst
   Unit: Tobacco-Use Prevention Education Office
   Phone: 916-319-0197

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)
   Dominick Robinson
   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.