

Grant Payment
Part C, Early Education Programs
Fiscal Year 2021–22

	County Code	County Treasurer	Service Location Field	Suffix	Grantee	SELPA¹ Code	Payment Amounts
PCA 23761	56	Ventura	10561	01	Ventura County Office of Education	5600	\$119,715.00
	Total						\$119,715.00

California Department of Education
Special Education Division
Index 0663, Program Cost Account 23761
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182
SACS / Resource Code: 3385

¹Special Education Local Plan Area

VCOE
 Deposit Date:05/06/2024
 CR226918
 010-8182-3385

**County Treasurer Summary of Payments
Part C, Early Education Programs
Fiscal Year 2021–22**

County Code	County Treasurer	Payment Amounts	Vouchers
56	Ventura	\$119,715.00	00412845
Total		\$119,715.00	

California Department of Education

Special Education Division

Index 0663, Program Cost Account 23761

Standardized Account Code Structure (SACS) / Revenue Object Code: 8182

SACS / Resource Code: 3385

Request for Payment of a Non-Formula Grant

Date:
April 4, 2024

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:

Part C, Early Education Programs

FINAL

3. Fiscal Year:

2021-22

4. Index Code:

0663

5. PCA Code:

23761

6. School (SACS) Accounting Codes:

Resource Code: 3385

Revenue Object Code: 8182

7. Total of This Request:

\$2,167,351.00

8. Program Contact For Questions Regarding This Request:

Name:

Michelle Asti-Gallegos, 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: (Print or Type)

Shiyloh 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.