

Request for Payment of a Non-Formula Grant

Date:
June 29, 2022

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:
Foster Youth Services Coordinating Program

3. Fiscal Year:
2021-22

4. Index Code:
0510

5. PCA Code:
23749

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
Resource Code: 7366

7. Total of This Request:
\$5,071,725.00

8. Program Contact For Questions Regarding This Request:

Name:
John Cooper

Title:
SSA

Unit:
Grant Administration and Support Office

Phone:
916-324-2955

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)
Carrie Lopes

Title:
Interim 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.