

Grant Payment
WorkAbility I Program
Fiscal Year 2022-23

VCOE
Deposit Date: 11-01/23
CR214138
010-8590-6520

County Code	County Treasurer	PCA	Service Location Field	Suffix	Grantee	Site Number	Payment
56	VENTURA	23011	73759	W0	Conejo Valley Unified School District	207	\$ 54,358.77

California Department of Education
Special Education Division
Index 0663, Program Cost Account 23011
Standardized Account Code Structure (SACS) / Revenue Object Code: 8590
SACS / Resource Code: 6520

**Summary of Payments
WorkAbility I Program
Fiscal Year 2022–23**

County Code	County Treasurer	Payment	Voucher ID
56	VENTURA	\$ 54,358.77	00384253

**California Department of Education
Special Education Division
Index 0663, Program Cost Account 23011
Standardized Account Code Structure (SACS) / Revenue Object Code: 8590
SACS / Resource Code: 6520**

Request for Payment of a Non-Formula Grant

Date:
August 17, 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:
WorkAbility I Program

3. Fiscal Year:
2022-23

4. Index Code:
0663

5. PCA Code:
23011

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
Resource Code: 6520

7. Total of This Request:
\$ 2,394,166.75

8. Program Contact For Questions Regarding This Request:

Name:
Thomas Williamson, SEDgrants@cde.ca.gov

Title:
Associate Governmental Program Analyst

Unit:
Fiscal Payments Unit

Phone:
(916) 327-3530

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.**