

VCOE  
 Deposit Date 03-10-23  
 CR 197488  
 010-8290-4123-0

**California Department of Education  
 Expanded Learning Division  
 21st Century Community Learning Centers  
 Fiscal Year 2022 - 23 Local Education Agency  
 Index 0150, Project 0000492**

**Standardized Accounty Code Structure / Revenue Budget Code: 8290**

**Standardized Accounty Code Structure / Resource Code 4124**

**01-19-2023 Batch #2**

COUNTY NAME	COUNTY NUMBER	FI\$Cal Supplier ID	FI\$Cal Address Sequence ID	PCA	SERVICE LOCATION FIELD	SUFFIX	GRANTEE	PAYMENT
Ventura	56	0000001357	58	14535	72652	2A	Ventura Unified	\$205,753.58
Ventura	56	0000001357	58	14603	72652	2A	Ventura Unified	\$12,500.00
							<b>LEA Grantee Statewide Total:</b>	<b>\$218,253.58</b>

## Request for Payment of a Non-Formula Grant

Date: 01-26-2023

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:  
21<sup>st</sup> Century Community Learning Centers Program

- |                                   |                        |                                |
|-----------------------------------|------------------------|--------------------------------|
| 3. Fiscal Year:<br><b>2022-23</b> | 4. Index Code:<br>0150 | 5. PCA Code:<br>Project:000492 |
|-----------------------------------|------------------------|--------------------------------|

6. School (SACS) Accounting Codes: Revenue Object Code: 8290  
Resource Code: 4124

7. Total of This Request:  
**\$5,162,346.62**

8. Program Contact For Questions Regarding This Request:

Name: **Emily Romine**

Title: **AGPA**

Unit:  
Expanded Learning Division

Phone: **319-0290**

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)  
Michael Funk

Title:  
Division Director

Signature: **Michael Funk**  
Digitally signed by Michael Funk  
Date: 2023.01.27 14:02:15 -08'00'

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.**