

Grant Payment  
 ARPA Part C, Early Education Programs  
 Fiscal Year 2022-23

County Code	County Treasurer	PCA	Service Location Field	Suffix	Grantee	SELPA <sup>1</sup> Code	Payment Amounts
56	Ventura	25657	10561	01	Ventura County Office of Education	5600	\$28,105.00
<b>Total</b>							<b>\$28,105.00</b>

California Department of Education  
 Special Education Division  
 Index 0663, Program Cost Account 25657  
 Standardized Account Code Structure (SACS) / Revenue Object Code: 8182  
 SACS / Resource Code: 3384

<sup>1</sup>Special Education Local Plan Area

VCOE  
 Deposit date: 12.27.23  
 CR217867  
 010-8182-3384

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 COUNTY OF VENTURA  
 -----  
 VOUCHER ID      INVOICE ID  
 -----  
 00394446      22-25657 11-16-23  
 -----  
 AMOUNT PAID  
 -----  
 \$28105.00

**County Treasurer Summary of Payments  
ARPA Part C, Early Education Programs  
Fiscal Year 2022–23**

<b>County Code</b>	<b>County Treasurer</b>	<b>Payment Amounts</b>	<b>Vouchers</b>
56	Ventura	\$28,105.00	00394446
<b>Total</b>		<b>\$28,105.00</b>	

**California Department of Education  
Special Education Division  
Index 0663, Program Cost Account 25657  
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182  
SACS / Resource Code: 3384**

## Request for Payment of a Non-Formula Grant

Date:  
November 16, 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:  
ARPA Part C, Early Education Programs

3. Fiscal Year:  
2022-23

4. Index Code:  
0663

5. PCA Code:  
25657

6. School (SACS) Accounting Codes: Revenue Object Code: 8182  
Resource Code: 3384

7. Total of This Request:  
\$588,057.33

8. Program Contact For Questions Regarding This Request:

Name:  
Liem Vo, 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.