

**California Department of Education**  
**Expanded Learning Division**  
**21st Century Community Learning Centers-Science, Technology, Engineering, Arts,**  
**and Mathematics**  
**Fiscal Year 2021–22 Local Education Agency**  
**Index 0150, Project 0000492**  
**Standardized Accounty Code Structure / Revenue Budget Code: 8290**  
**Standardized Accounty Code Structure / Resource Code: 4123**

County Treasurer	County Code	PCA	Service Location Field	Suffix	Grantee	Payment Amount
Ventura	56	14350	10561	01	Ventura County Office of Education	\$15,053.72
<b>Total</b>						<b>\$15,053.72</b>

VCOE  
 DD 1.17.2024  
 CR219162  
 010-8290-4123

VOUCHER ID                      INVOICE ID  
 -----  
 00397574                      21-14350 12-27-2023  
  
 AMOUNT PAID  
 -----  
 \$15053.72

**California Department of Education**  
**Expanded Learning Division**  
**21st Century Community Learning Centers-Science, Technology,**  
**Engineering, Arts, and Mathematics**  
**Fiscal Year 2021-22 Local Education Agency**  
**Index 0150, Project 0000493**  
**Standardized Accounty Code Structure / Revenue Budget Code: 8290**  
**Standardized Accounty Code Structure / Resource Code: 4123**  
**12/27/2023/Batch #3**

<b>County</b>	<b>County Name</b>	<b>Amount</b>	<b>Voucher ID</b>
56	Ventura	\$15,053.72	00397574
	<b>Total</b>	<b>\$15,053.72</b>	

## Request for Payment of a Non-Formula Grant

Date:

**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-Science, Technology, Engineering, Arts, and Mathematics Grant

**3. Fiscal Year:**

2021-22

**4. Index Code:**

0150

**5. PCA Code:**

14350

**6. School (SACS) Accounting Codes:**

Resource Code: 4123

Revenue Object Code: 8290

**7. Total of This Request:**

\$

**8. Program Contact For Questions Regarding This Request:**

Name:

Deborah Denico

Title:

AGPA

Unit:

Expanded Learning Division

Phone:

916-319-0215

**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:

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.**