Request for Payment of a Non-Formula Grant

				Date: February 3, 2015							
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: Mental Health Average Daily Attendance (ADA)										
3.	Fiscal Year: 2014–15	4. Index Code: 0663		5. PCA Code: 15197							
6.	School (SACS) Accounting Codes: Resource Code: 3327 Revenue Object Code: 8182										
7.	Total of This Request: \$7,924,219										
8. Program Contact For Questions Regarding This Request:											
	me: obie Rizzo/Beckie Robinson		Title: Associate Governmental Program Analysts								
Uni Adr	t: ministrative Services Unit, Grants			Phone: 916-327-3676	6/327-3530						
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.											
	ne: (Print or Type) d Balcom		Title: Director, Special Education Division								
Sig	nature:			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.										

California Department of E	ducati	ion										
Grant Payment												
			Ment	al Healt	h Average Daily Attendance (ADA)							
					Fiscal Year 2014–15							
Index 0663, Program Cost Account 15197 Standardized Account Code Structure - Resource Code/Revenue Object Code 3327/8182												
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County Code-County			Vendor			SELPA*		County				
Treasurer	FY	PCA	Number	Suffix	Agency Name	Code	Payment	Totals				
	14	15197	1009	01	El Dorado County Office of Education	0901	\$43,218					
	14	15197	1009	02	El Dorado County Office of Education	0951	\$563,858					
09-EL DORADO COUNTY T	REAS	URER T	otal					\$607,076				