Request for Payment of a Non-Formula Grant

				Date: Janua	ry 23, 2015				
1.	SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213								
	(Check unit below according ☐ State Funds 445-5787 ☐ Federal Funds-USDOE 323- ☐ State Operations 323-4798 ☐ Federal Funds-USDA & USD	-2246	s.)						
2.	Program Title: Foster Youth Services Countywid	de and Juvenile Det	ention Program						
3.	Fiscal Year: 2014-15	4. Index Code: 0604			PCA Code: 23749				
6.	School (SACS) Accounting Codes: Revenue Object Code: 8590 Resource Code: 7366								
7.	Total of This Request: \$6,380,379								
8.	Program Contact For Questions	Regarding This Re	equest:						
Nar Jan	me: let Radding		Title: Associate Governmental Program Analyst						
Uni Cod	t: ordinated School Health and Safet	ty Office			Phone: 916-319-0286				
9.		this request and th and (b) the program	e attached payment unit responsible for t	schedi his requ	my knowledge and belief: (a) ule is accurate and I hereby uest has received appropriate				
Name: (Print or Type) Gordon Jackson			Title: Division Director						
Sig	nature:				Date:				
10.	Attach a schedule of payments with sub-totals by county and district.								
11.	1. Send an electronic file of this request to the "payments" mailbox.								
12.	2. COE'S and program contacts will be notified by e-mail once claim schedules are sent to SCO.								

GRANT AWARD PAYMENT

Index/PCA - 0604/23749 Foster Youth Services Countywide and Juvenile Detention Program FY 2014-2015

Payment Schedule
[X] First [] Second [] Third

CO	FY	PCA	VENDOR	SUFFIX	LOCAL EDUCATIONAL AGENCY	AMOUNT
09	14	23749	1009	00	El Dorado County Office of Education	\$ 54,164