Request for Payment of a Non-Formula Grant

| | | | | Date: April 2 | 22, 2016 | | | | | |
|------------|--|---|--|-----------------------|------------------------------|--|--|--|--|--|
| 1. | SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213 | | | | | | | | | |
| | (Check unit below according a ☐ State Funds 445-5787 ☐ Federal Funds-USDOE 323-4798 ☐ State Operations 323-4798 ☐ Federal Funds-USDA & USD | 2246 | s.) | | | | | | | |
| 2. | Program Title: Program Improvement Local Edu | cational Agencies | Corrective Action Res | sources | s–Cohort 9 | | | | | |
| 3. | Fiscal Year: 2015-16 | 4. Index Code: 0510 | | 5. PCA Code: 14957 | | | | | | |
| 6. | School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: 3185 | | | | | | | | | |
| 7. | 7. Total of This Request: \$ 475,000.00 (1st Payment) | | | | | | | | | |
| 8. | Program Contact For Questions | Regarding This Re | equest: | | | | | | | |
| | ne: nise Davis | | Title: Associate Governmental Program Analyst | | | | | | | |
| Uni Sch | t: nool Turnaround Office | | | Phone: 319-0237 | | | | | | |
| 9. | CERTIFICATION OF AUTHORIZ the information entered on to authorize payment of funds, a assurances indicating that ea | his request and the ind (b) the program | e attached payment unit responsible for t | schedi his requ | ule is accurate and I hereby | | | | | |
| | me: (Print or Type) o Storelli | | Title: Director, Improvement and Accountability | | | | | | | |
| 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. | | | | | | | | | |

GRANT AWARD NOTIFICATION PAYMENT LIST

(10/30/15)

Program Improvement Local Educational Agencies Corrective Action Resources-Cohort 9 2015-16 First Payment Index 0510, PCA 14957

| CO NO | FY | PCA | VENDOR NUMBER | SUFFIX | LOCAL EDUCATIONAL AGENCY | TO | OTAL GRANT AMOUNT | PAYMENT AMOUNT | COUNTY TREASURER | тот | AL COUNTY |
|----------|----|-------|------------------|--------|--------------------------|----|----------------------|-------------------|---------------------|-----|-----------|
| 09 | 15 | 14957 | 1009 | 9 | El Dorado COE | \$ | 50,000.00 | \$ 12,500.00 | El Dorado | \$ | 12,500.00 |
| | | | | | | | | | | | |
| | | | | | SUB-TOTAL | \$ | 50,000.00 | \$ 12,500.00 | | | |
| | | | | | | | | | | \$ | 12,500.00 |