

VCOE
 Deposit Date 12/7/22
 CR 191182
 010-8590-6385

**FI\$Cal -California Partnership Academies Career Technical Education Initiative
 Fiscal Year 2022–23**

County Treasurer	County Code	Service Location			Grantee	SCHOOL	CPAID	Grant Amount	Payment 1
		PCA	Field	Suffix					
Ventura	56	25220	73759	01	Conejo Valley Unified School District	Thousand Oaks High School	11013	\$81,000	\$40,500
Ventura	56	25220	72546	02	Oxnard Union High School District	Channel Islands High School	7012	\$81,000	\$40,500
Ventura	56	25220	72546	03	Oxnard Union High School District	Hueneme High School	9022	\$72,900	\$36,450
Ventura	56	25220	72546	04	Oxnard Union High School District	Oxnard High School	7040	\$81,000	\$40,500
Ventura	56	25220	72546	05	Oxnard Union High School District	Pacifica High School	9041	\$81,000	\$40,500
Ventura	56	25220	72546	06	Oxnard Union High School District	Pacifica High School	9042	\$81,000	\$40,500
Ventura	56	25220	72546	07	Oxnard Union High School District	Pacifica High School	7041	\$81,000	\$40,500
Statewide Total								\$558,900	\$279,450

Request for Payment of a Non-Formula Grant

Date:
October 25, 2022

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:
California Partnership Academies: Career Technical Education Initiative Payment 1

3. Fiscal Year:
2022

4. Index Code:
0615

5. PCA Code:
25220

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
Resource Code: 6385

7. Total of This Request:
\$4,184,500

8. Program Contact For Questions Regarding This Request:

Name:
Alicia Aguirre

Title:
AGPA

Unit:
Academy, Apprenticeship, and Internship Office

Phone:
319-0475

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)
Pete Callas

Title:
CCTD 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.**