Workforce Innovation and Opportunity Act, Title II

Fiscal Year 2023-24 LEA

Quarter	County Treasurer	County Code	Fi\$Cal Supplier ID	PCA	Resource Code	•	Location	Grantee	Payment Amount
1	Ventura	56	0000001357	14508	3905	39	Field 73759	Conejo Valley Unified School District	\$51,274
1	Ventura	56	0000001357	14508	3905	39	72546	Oxnard Union High School District	\$53,674
1	Ventura	56	0000001357	14508	3905	39	72603	Simi Valley Unified School District	\$19,978
1	Ventura	56	0000001357	14508	3905	39	72652	Ventura Unified School District	\$58,998

Statewide Total

\$183,924

VCOE Deposit Dtae 1.8.24 CR218540 110-8290-3905

VOUCHER ID INVOICE ID
00392609 23-14508 11-03-2023

AMOUNT PAID

\$375783.00

Request for Payment of a Non-Formula Grant

				Date: 11/3/20	023						
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: Workforce Innovation and Opportunity Act, Title II: Adult Ed. and Family Literacy Act, Public Law 113-128										
3.	Fiscal Year: 2023-24	4. Index Code: 0615		5. PC/ See	A Code: e Attached						
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: See Attached										
7.	Total of This Request: \$2,837,120										
8.	8. Program Contact For Questions Regarding This Request:										
	me: arlie Brenneman		Title: AGPA								
Un Adı	it: ult Education Office			Phone: 916-323-5635							
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.											
	me: (Print or Type) te Callas		Title: Division Director								
Sig	nature:		1		Date:						
10.	2. 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.	2. COE'S and program contacts will be notified by e-mail once claim schedules are sent to SCO.										