

**Workforce Innovation and Opportunity Act, Title II**

VCOE  
 Deposit Date  
 CR197956  
 110-8290-3905

**Fiscal Year 2022–23 LEA**

Quarter	County Code	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount
2	56	14508	3905	39	72546	Oxnard Union High School District	\$156,787
2	56	14508	3905	39	72603	Simi Valley Unified School District	\$42,780
2	56	14508	3905	39	72652	Ventura Unified School District	\$33,038
							\$232,605
2	56	13978	3913	41	72546	Oxnard Union High School District	\$44,854
2	56	13978	3913	41	72603	Simi Valley Unified School District	\$13,394
2	56	13978	3913	41	72652	Ventura Unified School District	\$13,680
							\$71,928
2	56	14109	3926	42	72546	Oxnard Union High School District	\$45,596
2	56	14109	3926	42	72603	Simi Valley Unified School District	\$17,792
2	56	14109	3926	42	72652	Ventura Unified School District	\$7,693
							\$71,081
2	56	13971	3940	38	72652	Ventura Unified School District	\$10,754
<b>Statewide Total</b>							<b>\$10,754</b>

**Total for All \$386,368**

## Request for Payment of a Non-Formula Grant

Date:  
1/26/23

**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:**

2022-23

**4. Index Code:**

0615

**5. PCA Code:**

See Attached

**6. School (SACS) Accounting Codes:**

Resource Code: See Attached

Revenue Object Code: 8290

**7. Total of This Request:**

\$1,170,554

**8. Program Contact For Questions Regarding This Request:**

**Name:**

Charlie Brenneman

**Title:**

AGPA

**Unit:**

Adult 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.*

**Name: (Print or Type)**

Pete Callas

**Title:**

Division 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.**