VCOE Date:1-5-23 CR192841 110-8290-3905 110-8290-3913 110-8290-3926 110-8290-3940

Workforce Innovation and Opportunity Act, Title II

Fiscal Year 2022–23 LEA

Quarter	County Treasurer	County Code	PCA	Resource Code	Grantee	Payment Amount
1	Ventura	56	14508	3905	Simi Valley Unified School District	\$10,927
1	Ventura	56	13978	3913	Simi Valley Unified School District	\$2,888
1	Ventura	56	14109	3926	Simi Valley Unified School District	\$4,596
1	Ventura	56	13971	3940	Ventura Unified School District	\$14,763
1	Ventura	56	14508	3905	Ventura Unified School District	\$31,642
1	Ventura	56	13978	3913	Ventura Unified School District	\$13,588
1	Ventura	56	14109	3926	Ventura Unified School District	\$1,186

Statewide Total \$79,590

Request for Payment of a Non-Formula Grant

				Date: 12/1/2	022				
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			A Code: e Attached				
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: See Attached								
7.	7. Total of This Request: \$1,732,564								
8.	8. Program Contact For Questions Regarding This Request:								
Name: Charlie 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.									
Name: (Print or Type) Pete Callas			Title: Division Director						
Signature:			1		Date:				
10.	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.	12. COE'S and program contacts will be notified by e-mail once claim schedules are sent to SCO.								