

Workforce Innovation and Opportunity Act, Title II

VCOE
 Deposit Date
 CR197956
 110-8290-3926

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
Statewide Total							\$10,754

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.**