

Workforce Innovation and Opportunity Act, Title II

Fiscal Year 2023–24 LEA

Quarter	County Treasurer	County Code	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount
3	Ventura	56	14508	3905	39	73759	Conejo Valley Unified School District	\$72,064
3	Ventura	56	13978	3913	41	73759	Conejo Valley Unified School District	\$7,994
3	Ventura	56	14109	3926	42	73759	Conejo Valley Unified School District	\$23,037
Total								\$103,095

VCOE
 Deposit Date:5.22.24
 CR228091
 110-8290-3905 - (PROJECT CODE 39: \$ 72,064.00)
 110-8290-3913 - (PROJECT CODE 41: \$ 7,994.00)
 110-8290-3926 - (PROJECT CODE 42: \$ 23,037.00)

VOUCHER ID INVOICE ID

 00416212 23-14508 04-19-2024

 AMOUNT PAID

 \$103095.00

Workforce Innovation and Opportunity Act, Title II			
Fiscal Year 2023–24 LEA			
County Code	County Name	Payment Amount	Voucher Number
56	Ventura	\$103,095	00416212
		\$103,095	

Request for Payment of a Non-Formula Grant

Date: 4/19/2024

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. PCA Code:
See Attached

6. School (SACS) Accounting Codes: Revenue Object Code: 8290
Resource Code: See Attached

7. Total of This Request:
\$1,200,301

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.**