VCOE Deposit Date 06/09/23 CR204090 110-8290-3926

Workforce Innovation and Opportunity Act, Title II

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Fiscal Year 2022–23 LEA											
Quarter	County	County	PCA	Resource	Project	Service	Grantee	Payment			
Treasurer		Code		Code	Code	Location Field		Amount			
		50	4.4500	0005	00			** ** ** ** ** ** ** **			
3	Ventura	56	14508	3905	39	72546	Oxnard Union High School District	\$118,841			
3	Ventura	56	13978	3913	41	72546	Oxnard Union High School District	\$93,254			
3	Ventura	56	14109	3926	42	72546	Oxnard Union High School District	\$52,030			
3	Ventura	56	14508	3905	39	72603	Simi Valley Unified School District	\$31,875			
3	Ventura	56	13978	3913	41	72603	Simi Valley Unified School District	\$10,723			
3	Ventura	56	14109	3926	42	72603	Simi Valley Unified School District	\$12,600			

Statewide Total

\$319,323

Request for Payment of a Non-Formula Grant

				Date: 4/27/20)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										
Program Title: Workforce Innovation and Opportunity Act, Title II: Adult Ed. and Family Literacy Act, Public Law 113-128											
3.	Fiscal Year: 2022-23		5. PCA Code: See Attached								
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: See Attached										
7.	7. Total of This Request: \$1,628,197										
8.	8. Program Contact For Questions Regarding This Request:										
Name: Charlie Brenneman			Title: AGPA								
Uni Adu	t: ılt 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.	0. 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 contact	s will be notified b	y e-mail once claim	schedu	ules are sent to SCO.						