VCOE Deposit Date 10-13-22 CR187156 110-8290-3926

Workforce Innovation and Opportunity Act, Title II												
Fiscal Year 2021–22 LEA												
Quarter	County Treasurer	County Code	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount				
4	Ventura	56	14508	3905	39	72603	Simi Valley Unified School District	\$75,791				
4	Ventura	56	13978	3913	41	72603	Simi Valley Unified School District	\$40,915				
4	Ventura	56	14109	3926	42	72603	Simi Valley Unified School District	\$19,118				

Total \$135,824

Project	Amount
38	\$11,183
39	\$722,694
41	\$857,344
42	\$252,967
Total	\$1,844,188

## **Request for Payment of a Non-Formula Grant**

				Date: 9/9/202	22					
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: 2021-22		5. PCA Code: See Attached							
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: See Attached									
7.	Total of This Request: \$1,844,188									
8.	8. Program Contact For Questions Regarding This Request:									
Nar Cha	ne: arlie Brenneman		Title: AGPA							
Uni Adu	t: Ilt 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.	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 contact	s will be notified b	y e-mail once claim	schedu	ules are sent to SCO.					