

**FI\$Cal -California Partnership Academies Career Technical Education Initiative  
Fiscal Year 2022–23**

VCOE  
 Deposit Date 2-2-2023  
 CR-194912  
 010-8590-6385-0

County Treasurer	County Code	PCA	Service Location Field	Suffix	Grantee	SCHOOL	CPAID	Grant Amount	Payment 1
Ventura	56	25220	73759	02	Conejo Valley Unified School District	Thousand Oaks High School	11013	\$2,188	\$1,969
Ventura	56	25220	72546	09	Oxnard Union High School District	Channel Islands High School	7012	\$2,188	\$1,969
Ventura	56	25220	72546	10	Oxnard Union High School District	Hueneme High School	9022	\$2,188	\$1,969
Ventura	56	25220	72546	11	Oxnard Union High School District	Oxnard High School	7040	\$2,188	\$1,969
Ventura	56	25220	72546	12	Oxnard Union High School District	Pacifica High School	9041	\$2,188	\$1,969
Ventura	56	25220	72546	13	Oxnard Union High School District	Pacifica High School	9042	\$2,188	\$1,969
<b>Statewide Total</b>								<b>\$229,740</b>	<b>\$11,814</b>

OUHSD = \$9,845.00

## Request for Payment of a Non-Formula Grant

Date:  
12/5/22

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

2. Program Title:  
California Partnership Academies: Career Technical Education Initiative Supplemental Payment 1

3. Fiscal Year: 2022	4. Index Code: 0615	5. PCA Code: 25220
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6. School (SACS) Accounting Codes: Revenue Object Code: 8590  
Resource Code: 6385

7. Total of This Request:  
~~\$200,714~~ **\$206,745 XW**

8. Program Contact For Questions Regarding This Request:

Name: Alicia Aguirre	Title: AGPA
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Unit: Academy, Apprenticeship, and Internship Office	Phone: 319-0472
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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: CCTD Director
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Signature: Pete Callas	Digitally signed by Pete Callas Date: 2022.12.12 16:28:19 -08'00'	Date:
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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.**