Workford	e Innovation a	na Opportuni	ty Act,	, ritie ii				
Fiscal Yea	r 2022–23 LEA							
Quarter	County Treasurer	County Code	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount
4	Ventura	56	14508	3905	39	73759	Conejo Valley Unified School District	\$51,410
4	Ventura	56	13978	3913	41	73759	Conejo Valley Unified School District	\$7,660
4	Ventura	56	14109	3926	42	73759	Conejo Valley Unified School District	\$32,264
4	Ventura	56	14508	3905	39	72546	Oxnard Union High School District	\$104,290
4	Ventura	56	13978	3913	41	72546	Oxnard Union High School District	\$49,599
4	Ventura	56	14109	3926	42	72546	Oxnard Union High School District	\$36,943

Total \$282,166

VCOE Deposit Date 091523 CR210978 110-8290-3913

Request for Payment of a Non-Formula Grant

				Date: 8/8/20	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	4. Index Code: 0615			A Code: e Attached					
6.	School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: See Attached									
7.	Total of This Request: \$4,346,314									
8.	8. Program Contact For Questions Regarding This Request:									
	me: arlie Brenneman		Title: AGPA							
Uni Adı	it: ult 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							
Sig	nature:		'		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.	12. COE'S and program contacts will be notified by e-mail once claim schedules are sent to SCO.									