| Workfo                  | rce Innovation | nity Act, Tit      | le II      |             |         |          |         |          |                                    |          |
|-------------------------|----------------|--------------------|------------|-------------|---------|----------|---------|----------|------------------------------------|----------|
| Fiscal Year 2022–23 LEA |                |                    |            |             |         |          |         |          |                                    |          |
| Quarter                 | County         | <b>County Code</b> | Fi\$Cal    | Fi\$Cal     | PCA     | Resource | Project | Service  | Grantee                            | Payment  |
|                         | Treasurer      | easurer            |            | Address     | Address |          | Code    | Location |                                    | Amount   |
|                         |                |                    | •••        | Sequence ID |         |          |         | Field    |                                    |          |
| 4                       | Ventura        | 56                 | 0000001357 | 58          | 14508   | 3905     | 39      | 72603    | Simi Valley Unified School Distric | \$84,978 |
| 4                       | Ventura        | 56                 | 0000001357 | 58          | 13978   | 3913     | 41      | 72603    | Simi Valley Unified School Distric | \$58,870 |
| 4                       | Ventura        | 56                 | 0000001357 | 58          | 14109   | 3926     | 42      | 72603    | Simi Valley Unified School Distric | \$24,067 |

\$ 167,915

VCOE Deposit Date 10/04/23 CR212211 110-8290-3905

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

|  |   |                      |                          | Date:<br>8/16/20 | )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 |                      |                          |                  |                        |  |  |  |  |  |
| <ol> <li>Program Title:<br/>Workforce Innovation and Opportunity Act, Title II: Adult Ed. and Family Literacy Act, Public Law 113-128</li> </ol>   |   |                      |                          |                  |                        |  |  |  |  |  |
| 3.   | Fiscal Year:<br>2022-23   |                      | A Code:<br>e Attached    |                  |                        |  |  |  |  |  |
| 6.   | School (SACS) Accounting Codes: Revenue Object Code: 8290 Resource Code: See Attached   |                      |                          |                  |                        |  |  |  |  |  |
| 7.   | Total of This Request:<br>\$1,398,169   |                      |                          |                  |                        |  |  |  |  |  |
| 8.   | 8. Program Contact For Questions Regarding This Request:  |                      |                          |                  |                        |  |  |  |  |  |
| Name:<br>Charlie Brenneman   |   |                      | Title:<br>AGPA           |                  |                        |  |  |  |  |  |
| Uni<br>Adu   | t:<br>ılt Education Office  |                      |                          |                  | Phone:<br>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.  | 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.  |  |  |  |  |  |