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
		1	I	1			Total	\$282,166

VCOE Deposit Date 09/15/23 CR210978 110-8290-3926

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

				Date: 8/8/2023					
1.	SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO: Accounting Office 1430 N Street Suite 2213								
	<i>(Check unit below according to source of funds.)</i> ☐ State Funds 445-5787 ☑ Federal Funds-USDOE 323-2246 ☐ State Operations 323-4798 ☐ Federal Funds-USDA & USDHHS 322-3020								
<ol> <li>Program Title: Workforce Innovation and Opportunity Act, Title II: Adult Ed. and Family Literacy Act, Public Law 113-128</li> </ol>									
3.	Fiscal Year: 2022-23	4. Index Code: 0615		5. PCA Code: See Attached					
6.	School (SACS) Accounting Codes:       Revenue Object Code: 8290         Resource Code:       See Attached								
7.	Total of This Request: \$4,346,314								
8. Program Contact For Questions Regarding This Request:									
	me: arlie Brenneman		Title: AGPA						
Un Ad	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.									
	me: (Print or Type) te Callas		Title: Division Director						
Sig	inature:		1	Date:					
10.	0. Attach a schedule of payments with sub-totals by county and district.								
11.	1. Send an electronic file of this request to the "payments" mailbox.								
12.	COE'S and program contacts	s will be notified b	y e-mail once claim	schedules are sent to SCO.					