

**FI\$Cal—California Partnership Academies—Proposition 98  
Fiscal Year 2023–2024 — Payment 1  
Index 0615 – PCA 23181**

County Treasurer	County Code	PCA	Service Location Field	Suffix	District	School	Academy	CPAID	Grant Amount	PMT 1
Ventura	56	23181	73759	01	Conejo Valley Unified School District	Newbury Park High School	Information Technology Academy	0519	\$72,000	\$36,000
Ventura	56	23181	73940	02	Moorpark Unified School District	Moorpark High School	Health Science Academy	0120	\$81,000	\$40,500
Ventura	56	23181	76828	01	Santa Paula Unified School District	Santa Paula High School	Agriculture Science Magnet Academy	0177	\$81,000	\$40,500
Ventura	56	23181	76828	02	Santa Paula Unified School District	Santa Paula High School	Health and Human Services Academy	0503	\$81,000	\$40,500
									\$315,000	\$157,500

VCOE  
DD  
CR  
010-8590-7220

VOUCHER ID      INVOICE ID  
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00395929      23-23181 11-14-2023  
  
AMOUNT PAID  
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\$157500.00

**GRANT AWARD NOTIFICATION ENCUMBRANCE LIST**

**California Partnership Academies Proposition 98  
FY 2023 – 2024 — Payment 1  
Index 0615 – PCA 23181**

<b>County Code</b>	<b>County Name</b>	<b>Amount</b>
56	Ventura	\$157,500
	<b>Statewide Total</b>	<b>\$157,500</b>

## Request for Payment of a Non-Formula Grant

Date:  
November 14, 2023

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 PROP 98 (First Payment)

3. Fiscal Year:

2023-2024

4. Index Code:

0615

5. PCA Code:

23181

6. School (SACS) Accounting Codes:

Resource Code: 7220

Revenue Object Code: 8590

7. Total of This Request:

\$8,962,950

8. Program Contact For Questions Regarding This Request:

Name:

Michelle Upton

Title:

AGPA

Unit:

Academy, Apprenticeship, and Internships Office (AAIO)

Phone:

916-445-7755

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:

Director, Career and College Transition Division

Signature:

▶

Date:

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.**