VCOE Deposit Date 01-05-22 CR168130 110-8290-3905

| Workforce Innovation and Opportunity Act, Title II | | | | | | | | | |
|--|---------------------|-------|------------------|---------------------------------|-------------------|--|--|--|--|
| Fiscal Ye | ar 2021–22 | LEA | | | | | | | |
| Quarter | County Treasurer | PCA | Resource Code | Grantee | Payment Amount | | | | |
| 1 | Ventura | 14508 | 3905 | Ventura Unified School District | \$34,488 | | | | |

Statewide Total

\$34,488

Request for Payment of a Non-Formula Grant

| | | | | Date: 11/8/21 | 1 | | | | | |
|--|---|----------------------|-----------------------------|------------------------------|------------------------|--|--|--|--|--|
| 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: 2021-22 | 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: \$2,278,571 | | | | | | | | | |
| 8. | 8. Program Contact For Questions Regarding This Request: | | | | | | | | | |
| Nar Cha | me: arlie Brenneman | | Title: AGPA | | | | | | | |
| Uni Adı | t: 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 | | | | | | | |
| Signature: | | | 1 | | 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. | COE'S and program contact | s will be notified b | y e-mail once claim | schedu | ules are sent to SCO. | | | | | |