

VCOE
 Deposit Date 06/09/23
 CR204090
 110-8290-3905

Workforce Innovation and Opportunity Act, Title II

Fiscal Year 2022–23 LEA

| Quarter | County Treasurer | County Code | PCA | Resource Code | Project Code | Service Location Field | Grantee | Payment Amount |
|---------|------------------|-------------|-------|---------------|--------------|------------------------|-------------------------------------|----------------|
| 3 | Ventura | 56 | 14508 | 3905 | 39 | 72546 | Oxnard Union High School District | \$118,841 |
| 3 | Ventura | 56 | 13978 | 3913 | 41 | 72546 | Oxnard Union High School District | \$93,254 |
| 3 | Ventura | 56 | 14109 | 3926 | 42 | 72546 | Oxnard Union High School District | \$52,030 |
| 3 | Ventura | 56 | 14508 | 3905 | 39 | 72603 | Simi Valley Unified School District | \$31,875 |
| 3 | Ventura | 56 | 13978 | 3913 | 41 | 72603 | Simi Valley Unified School District | \$10,723 |
| 3 | Ventura | 56 | 14109 | 3926 | 42 | 72603 | Simi Valley Unified School District | \$12,600 |

Statewide Total

\$319,323

Request for Payment of a Non-Formula Grant

Date:
4/27/2023

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:

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

5. PCA Code:

See Attached

6. School (SACS) Accounting Codes:

Resource Code: See Attached

Revenue Object Code: 8290

7. Total of This Request:

\$1,628,197

8. Program Contact For Questions Regarding This Request:

Name:

Charlie Brenneman

Title:

AGPA

Unit:

Adult 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:

▶

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.**