

<b>Workforce Innovation and Opportunity Act, Title II</b>										
<b>Fiscal Year 2022–23 LEA</b>										
<b>Quarter</b>	<b>County Treasurer</b>	<b>County Code</b>	<b>Fi\$Cal Supplier ID</b>	<b>Fi\$Cal Address Sequence ID</b>	<b>PCA</b>	<b>Resource Code</b>	<b>Project Code</b>	<b>Service Location Field</b>	<b>Grantee</b>	<b>Payment Amount</b>
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  
110-8290-3926

## Request for Payment of a Non-Formula Grant

Date:  
8/16/2023

**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:**

\$1,398,169

**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.**