

VCOE  
 Deposit Date 09-28-21  
 CR161425  
 110-8290-3940  
 110-8290-3905  
 110-8290-3913  
 110-8290-3926

**Workforce Innovation and Opportunity Act, Title II**  
**Fiscal Year 2020–21 LEA**

Quarter	County Treasurer	County Code	PCA	Resource Code	Grantee	Payment Amount
4	Ventura	56	14508	3905	Simi Valley Unified School District	\$67,538
4	Ventura	56	13978	3913	Simi Valley Unified School District	\$41,590
4	Ventura	56	14109	3926	Simi Valley Unified School District	\$28,990
4	Ventura	56	13971	3940	Ventura Unified School District	\$19,964
4	Ventura	56	14508	3905	Ventura Unified School District	\$39,442
4	Ventura	56	13978	3913	Ventura Unified School District	\$52,602
4	Ventura	56	14109	3926	Ventura Unified School District	\$13,492
<b>Statewide Total</b>						<b>\$263,618</b>

## Request for Payment of a Non-Formula Grant

Date:  
8/26/21

**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:  
2020-21

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:  
\$2,706,219

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:  
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.**