

VCOE
 Deposit Date 4/18/23
 CR 200387
 010-8590-7220

FI\$CAL — California Partnership Academies — Proposition 98

Fiscal Year 2021–2022

Index 0615 — PCA 23181 — Final Payment

| County Treasurer | County Code | PCA | Service Location Field | Grantee | School | Academy | CPAID | Original Grant Amount | 1st Payment | Final Payment |
|---------------------|----------------|-------|------------------------------|---------------------------------------|--------------------------|------------------------------------|-------|--------------------------|----------------|------------------|
| Ventura | 56 | 23181 | 73759 | Conejo Valley Unified School District | Newbury Park High School | Information Technology Academy | 0519 | \$ 73,800 | \$ 36,900 | \$ 23,400 |
| Ventura | 56 | 23181 | 73940 | Moorpark Unified School District | Moorpark High School | Health Science Academy | 0120 | \$ 54,000 | \$ 27,000 | \$ 27,000 |
| Ventura | 56 | 23181 | 76828 | Santa Paula Unified School District | Santa Paula High School | Agriculture Science Magnet Academy | 0177 | \$ 81,000 | \$ 40,500 | \$ 26,100 |
| Ventura | 56 | 23181 | 76828 | Santa Paula Unified School District | Santa Paula High School | Health and Human Services Academy | 0503 | \$ 81,000 | \$ 40,500 | \$ 31,500 |
| | | | | | | | | | | \$ 108,000 |

Request for Payment of a Non-Formula Grant

Date:
March 1, 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 (Final Payment)

3. Fiscal Year:
2021-2022

4. Index Code:
0615

5. PCA Code:
23181

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
Resource Code: 7220

7. Total of This Request:
~~\$8,072,550~~ **\$7,894,800.00 XW**

8. Program Contact For Questions Regarding This Request:

Name:
Michelle Upton

Title:
Associate Governmental Program Analyst

Unit:
Academy, Apprenticeship, and Internship Office

Phone:
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:

Pete Callas

Digitally signed by Pete Callas

Date: 2023.03.03 16:47:28

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.**