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

## **Workforce Innovation and Opportunity Act, Title II**

## Fiscal Year 2020-21 LEA

Quarter	County	County	PCA	Resource	Grantee	Payment
	Treasurer	Code		Code		Amount
4	Ventura	56	14508	3905	Conejo Valley Unified School District	\$37,866
4	Ventura	56	13978	3913	Conejo Valley Unified School District	\$14,844
4	Ventura	56	14109	3926	Conejo Valley Unified School District	\$79,543
4	Ventura	56	14508	3905	Oxnard Union High School District	\$105,704
4	Ventura	56	13978	3913	Oxnard Union High School District	\$81,969
4	Ventura	56	14109	3926	Oxnard Union High School District	\$24,808

**Statewide Total** 

\$344,734

## **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									
Program Title:     Workforce Innovation and Opportunity Act, Title II: Adult Ed. and Family Literacy Act, Public Law 113-128										
-	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.	7. Total of This Request: \$5,829,288									
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:			I		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.	12. COE'S and program contacts will be notified by e-mail once claim schedules are sent to SCO.									