## Workforce Innovation and Opportunity Act, Title II

### Fiscal Year 2023–24 LEA

<table>
<thead>
<tr>
<th>Quarter</th>
<th>County Treasurer</th>
<th>County Code</th>
<th>Fi$Cal Supplier ID</th>
<th>PCA</th>
<th>Resource Code</th>
<th>Project Code</th>
<th>Service Location Field</th>
<th>Grantee</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ventura</td>
<td>56</td>
<td>0000001357</td>
<td>13971</td>
<td>3940</td>
<td>38</td>
<td>72652</td>
<td>Ventura Unified School District</td>
<td>$5,436</td>
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</table>

**Statewide Total**

<table>
<thead>
<tr>
<th>Voucher ID</th>
<th>Invoice ID</th>
<th>Amount Paid</th>
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</thead>
<tbody>
<tr>
<td>00392609</td>
<td>23-14508</td>
<td>$3,757,830.00</td>
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</table>

VCOE
Deposit DATE 1.8.24
CR218540
110-8290-3940
Request for Payment of a Non-Formula Grant

Date: 11/3/2023

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: 2023-24
4. Index Code: 0615
5. PCA Code: See Attached

6. School (SACS) Accounting Codes: See Attached
   Resource Code: See Attached
   Revenue Object Code: 8290

7. Total of This Request: $2,837,120

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.