

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

**Fiscal Year 2023–24 LEA**

Quarter	County Treasurer	County Code	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount
3	Ventura	56	14508	3905	39	73759	Conejo Valley Unified School District	\$72,064
3	Ventura	56	13978	3913	41	73759	Conejo Valley Unified School District	\$7,994
3	Ventura	56	14109	3926	42	73759	Conejo Valley Unified School District	\$23,037
<b>Total</b>								<b>\$103,095</b>

VOUCHER ID

INVOICE ID

00416212

23-14508 04-19-2024

AMOUNT PAID

\$103095.00

VCOE

Deposit Date: 5.22.24

CR228091

110-8290-3905 - (PROJECT CODE 39: \$ 72,064.00)

110-8290-3913 - (PROJECT CODE 41: \$ 7,994.00)

110-8290-3926 - (PROJECT CODE 42: \$ 23,037.00)

<b>Workforce Innovation and Opportunity Act, Title II</b>			
<b>Fiscal Year 2023–24 LEA</b>			
<b>County Code</b>	<b>County Name</b>	<b>Payment Amount</b>	<b>Voucher Number</b>
56	Ventura	\$103,095	00416212
		<b>\$103,095</b>	

## Request for Payment of a Non-Formula Grant

Date: 4/19/2024

**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:**

Resource Code: See Attached

Revenue Object Code: 8290

**7. Total of This Request:**

\$1,200,301

**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.**