

VCOE
 06/14/23
 CR204381
 110-8290-3905

Workforce Innovation and Opportunity Act, Title II							
Fiscal Year 2022–23 LEA							
Quarter	County Treasurer	County Code	PCA	Resource Code	Service Location Field	Grantee	Payment Amount
3	Ventura	56	14508	3905	73759	Conejo Valley Unified School District	\$51,410
3	Ventura	56	13978	3913	73759	Conejo Valley Unified School District	\$9,446
3	Ventura	56	14109	3926	73759	Conejo Valley Unified School District	\$42,360
3	Ventura	56	13971	3940	72652	Ventura Unified School District	\$17,422
3	Ventura	56	14508	3905	72652	Ventura Unified School District	\$47,945
3	Ventura	56	13978	3913	72652	Ventura Unified School District	\$18,293
3	Ventura	56	14109	3926	72652	Ventura Unified School District	\$9,972
Statewide Total							\$196,848

Request for Payment of a Non-Formula Grant

Date:
5/9/2023

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:
2022-23

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:
\$4,859,175

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.**