

**FI\$Cal — California Partnership Academies — Proposition 98 — SUPPLEMENTAL  
Fiscal Year 2022–2023 — Payment 1**

County Treasurer	County Code	PCA	Service Location Field	Suffix	District	School	Academy	CPAID	Supplemental Grant Amount	First Payment
Ventura	56	23181	73759	02	Conejo Valley Unified School District	Newbury Park High School	Information Technology Academy	0519	\$1,549	\$1,394
Ventura	56	23181	73940	04	Moorpark Unified School District	Moorpark High School	Health Science Academy	0120	\$1,549	\$1,394
Ventura	56	23181	76828	03	Santa Paula Unified School District	Santa Paula High School	Agriculture Science Magnet Academy	0177	\$1,549	\$1,394
Ventura	56	23181	76828	04	Santa Paula Unified School District	Santa Paula High School	Health and Human Services Academy	0503	\$1,549	\$1,394
									\$6,196	\$5,576

VCOE  
 Deposit Date 08/25/23  
 CR209527  
 010-8590-7220

## Request for Payment of a Non-Formula Grant

Date:  
May 22, 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 Supplemental Payment

3. Fiscal Year:  
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:  
\$322,014

8. Program Contact For Questions Regarding This Request:

Name:  
Michelle Upton

Title:  
Associate Governmental Program Analyst

Unit:  
Academy, Apprenticeship, and Internship Office

Phone:  
916-445-7755

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:  
▶

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.**