

**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>

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)

VOUCHER ID

INVOICE ID

00416212

23-14508 04-19-2024

AMOUNT PAID

\$103095.00

<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: Revenue Object Code: 8290  
Resource Code: See Attached

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.**