

Workforce Innovation and Opportunity Act, Title II

Fiscal Year 2023–24 LEA

Quarter	County Treasurer	County Code	Fi\$Cal Supplier ID	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount
1	Ventura	56	0000001357	13978	3913	41	73759	Conejo Valley Unified School District	\$7,544
1	Ventura	56	0000001357	13978	3913	41	72546	Oxnard Union High School District	\$49,551
1	Ventura	56	0000001357	13978	3913	41	72603	Simi Valley Unified School District	\$21,106
1	Ventura	56	0000001357	13978	3913	41	72652	Ventura Unified School District	\$45,734

Statewide Total

\$123,935

VCOE
Date Deposit 1.8.24
CR218540
110-8290-3913

VOUCHER ID INVOICE ID

 00392609 23-14508 11-03-2023

 AMOUNT PAID

 \$375783.00

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: Revenue Object Code: 8290
Resource Code: See Attached

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.**