

Grant Award Notification

GRANTEE NAME AND ADDRESS John Bowes, Superintendent Davis Joint Unified 526 B Street Davis, CA 95616-3811				CDE GRANT NUMBER			
				FY	PCA	Vendor Number	Suffix
				16	14894	7267	00
Attention John Bowes, Superintendent				STANDARDIZED ACCOUNT CODE			COUNTY
Program Office Office of the Superintendent				Resource Code		Revenue Object	57
Telephone 530-757-5300				3550		8290	INDEX
Name of Grant Program Carl D. Perkins Career and Technical Education Improvement Act of 2006							0615
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date	
	\$37,531	0	\$37,531	0	July 1, 2016	June 30, 2017	
CFDA Number	Federal Grant Number	Federal Grant Name				Federal Agency	
84.048A	V048A160005	Carl D. Perkins Career and Technical Education Improvement Act of 2006				Department of Education	
<p>I am pleased to inform you that you have been funded for the Carl D. Perkins Career and Technical Education Improvement Act of 2006.</p> <p>This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.</p> <p>Please return the original, signed Grant Award Notification (AO-400) to:</p> <p style="text-align: center;">Sarah Parker, Staff Services Analyst Career Technical Education Administration and Management Office California Department of Education 1430 N Street, Suite 4202 Sacramento, CA 95814-5901</p>							
California Department of Education Contact				Job Title			
Sherry Davis				Education Programs Consultant			
E-mail Address					Telephone		
SDavis@cde.ca.gov					916-322-1767		
Signature of the State Superintendent of Public Instruction or Designee					Date		
					October 6, 2016		
CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS							
On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.							
Printed Name of Authorized Agent				Title			
E-mail Address					Telephone		
Signature					Date		
							