

Grant Award Notification

GRANTEE NAME AND ADDRESS Mays Kakish, Superintendent Beaumont Unified School District 350 Brookside Avenue Beaumont, CA 92223-0187	CDE GRANT NUMBER			
	FY	PCA	Vendor Number	Suffix
	24	Multiple	66993	
Attention Anthony Coronado, Principal	STANDARDIZED ACCOUNT CODE STRUCTURE		COUNTY	
Program Office Beaumont Adult School	Resource Code	Revenue Object Code	33	
Telephone 951-845-6012 Extension 045200	Multiple	8290	INDEX	

Name of Grant Program Workforce Innovation and Opportunity Act, Title II: Adult Education and Family Literacy Act, Public Law 113-128, Section 225, Section 231, and Section 243	615
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GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date
	\$141,737		\$141,737		July 1, 2024	June 30, 2025

CFDA Number	Federal Grant Number	Federal Grant Name	Federal Agency
84.002A	V002A240005	Adult Education and Family Literacy Act	U.S. Department of Education

I am pleased to inform you that you have been funded for the Workforce Innovation and Opportunity Act, Title II: Adult Education and Family Literacy Act Grant program.

This award is made contingent upon the availability of funds. If the Legislature acts to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.

Please return the original, signed Grant Award Notification (AO-400) to:


Adult Education Support Office
 California Department of Education
 1430 N Street, Suite 4202
 Sacramento, CA 95814-5901

Please contact your Fiscal Analyst by email if you have any questions.

California Department of Education Contact Charlie Brenneman	Job Title Fiscal Analyst
E-mail Address cbrenneman@cde.ca.gov	Telephone 916-323-5635
Signature of the State Superintendent of Public Instruction or Designee Tony Thurmond	Date July 11, 2024

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 Mays Kakish	Title Superintendent
E-mail Address mkakish@beaumontusd.k12.ca.us	Telephone (951) 797-5324
Signature 	Date 8/5/2024