

Grant Award Notification

GRANTEE NAME AND ADDRESS Mays Kakish, Superintendent Beaumont Unified PO Box 187 Beaumont CA, 92223-0187			CDE GRANT NUMBER			
			FY	PCA	Service Location	Suffix
			24	25437	66993	00
Attention Mays Kakish			INDEX		County Code	
Email mkakish@beaumontusd.k12.ca.us			0615		33	
Telephone 951-845-1631			STANDARDIZED ACCOUNT CODE STRUCTURE			
Grantee Unique Entity ID (UEI)			Resource Code		Revenue Object Code	
Program Office Program Office			6387		8590	
Name of Grant Program Career Technical Education Incentive Grant						
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date
	0	0	\$556,492	0	July 1, 2024	December 31, 2026
ALN	Federal Award ID Number	Federal Grant Name			Federal Agency	
N/A	N/A	N/A			N/A	

I am pleased to inform you that you have been funded for the Career Technical Education Incentive Grant.

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

By e-signing this document, your organization is voluntarily agreeing to conduct business with the California Department of Education (CDE) electronically. If you do not wish to do so, please immediately contact the consultant listed below to discuss other signing options.

Please email the signed Grant Award Notification (AO-400) to:
 Sarah Ann Chambers at CTEIGSubmissions@cde.ca.gov

California Department of Education Contact David Kinst		Job Title Education Programs Consultant	
E-mail Address Dkinst@cde.ca.gov		Telephone 916-445-5568	
Authorized by the State Superintendent of Public Instruction or Designee <i>Tony Thurmond</i>		Date March 26, 2025	
CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS			
<i>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. On behalf of the grantee named above, I certify that the organization intends that this and future transactions be completed by electronic means, and any electronic signature is intended to be as binding as a physical signature.</i>			
Printed Name of Authorized Agent Mays Kakish		Title Superintendent	
E-mail Address mkakish@beaumontusd.k12.ca.us		Telephone 951-845-1631	
Signature <i>Mays Kakish</i>		Date 4/14/2024	