

## Grant Award Notification

<b>GRANTEE NAME AND ADDRESS</b> Mays Kakish, Superintendent Beaumont Unified PO Box 187 Beaumont, CA 92223-0187				<b>CDE GRANT NUMBER</b>				
				<b>FY</b>	<b>PCA</b>	<b>Vendor Number</b>	<b>Suffix</b>	
				24	14894	66993	00	
<b>Attention</b> Mays Kakish				<b>STANDARDIZED ACCOUNT CODE STRUCTURE</b>		<b>COUNTY</b>		
<b>Program Office</b> Office of the Superintendent				<b>Resource Code</b>	<b>Revenue Object</b>	33		
<b>Telephone</b> 951-845-1631				3550	8290	<b>INDEX</b>		
<b>Name of Grant Program</b> Strengthening Career and Technical Education for the 21 <sup>st</sup> Century Act					0615			
<b>GRANT DETAILS</b>	<b>Original/Prior Amendments</b>	<b>Amendment Amount</b>	<b>Total</b>	<b>Amend. No.</b>	<b>Award Starting Date</b>	<b>Award Ending Date</b>		
			\$73,636		July 1, 2024	June 30, 2025		
<b>CFDA Number</b>	<b>Federal Grant Number</b>	<b>Federal Grant Name</b>			<b>Federal Agency</b>			
84.048	V048A240005	Strengthening Career and Technical Education for the 21 <sup>st</sup> Century Act			Department of Education			
<p>I am pleased to inform you that you have been funded for the Strengthening Career and Technical Education for the 21<sup>st</sup> Century Act.</p> <p>This award is made contingent upon the availability of funds and the approval of a <b>fully</b> completed application. If the Legislature takes action to reduce or defer the funding upon which this award is based, this award will be amended accordingly.</p> <p>Please return an original, wet signature, executed Grant Award Notification (AO-400) within 10 days to:</p> <p style="text-align: center;">Rose Robertson, Associate Governmental Program Analyst          Program and Administrative Support Office          California Department of Education          1430 N Street, Suite 4202          Sacramento, CA 95814-5901</p>								
<b>California Department of Education Contact</b> Bryan Baker				<b>Job Title</b> Education Programs Consultant				
<b>E-mail Address</b> <a href="mailto:BBaker@cde.ca.gov">BBaker@cde.ca.gov</a>					<b>Telephone</b> 916-319-9224			
<b>Signature of the State Superintendent of Public Instruction or Designee</b> 					<b>Date</b> June 25, 2024			
<b>CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS</b>								
<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.</i>								
<b>Printed Name of Authorized Agent</b>				<b>Title</b>				
<b>E-mail Address</b>					<b>Telephone</b>			
<b>Signature</b> 					<b>Date</b>			