

AUG 15 2016

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EDUCATIONAL SERVICES

Grant Award Notification

GRANTEE NAME AND ADDRESS Cary Matsuoka, Superintendent Milpitas Unified School District 1331 East Calaveras Boulevard Milpitas, CA 95035-5707				CDE GRANT NUMBER			
				FY	PCA	Vendor Number	Suffix
				16	23939	7338	EZ
Attention After School Coordinator				STANDARDIZED ACCOUNT CODE STRUCTURE			COUNTY
Program Office After School Office				Resource Code	Revenue Object Code		43
Telephone 408-635-2600				6010	8590		INDEX
Name of Grant Program After School Education and Safety Program							0150
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date	
	\$216,000.00		\$216,000.00		7/1/2016	6/30/2017	
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency		
<p>I am pleased to inform you that you have been funded for the After School Education and Safety Program—Core.</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;">Deborah Denico, Staff Services Analyst Expanded Learning Division California Department of Education 1430 N Street, Room/Suite 3400 Sacramento, CA 95814-5901</p>							
California Department of Education Contact Deborah Denico				Job Title Staff Services Analyst			
E-mail Address ddenico@cde.ca.gov					Telephone 916-319-0215		
Signature of the State Superintendent of Public Instruction or Designee Tom Torlakson					Date August 5, 2016		
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.</i>							
Printed Name of Authorized Agent				Title			
E-mail Address					Telephone		
Signature ▶					Date		