

Grant Award Notification

GRANTEE NAME AND ADDRESS Cheryl Jordan, Interim Superintendent Milpitas Unified 1331 East Calaveras Boulevard Milpitas, CA 95035-5707	CDE GRANT NUMBER			
	FY	PCA	Vendor Number	Suffix
	16	14894	7338	00
Attention Cheryl Jordan, Interim Superintendent	STANDARDIZED ACCOUNT CODE		COUNTY	
Program Office Office of the Superintendent	Resource Code	Revenue Object	43	
Telephone 408-635-2600	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
	\$46,586	0	\$46,586	0	July 1, 2016	June 30, 2017

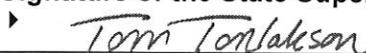
CFDA Number	Federal Grant Number	Federal Grant Name	Federal Agency
84.048A	V048A160005	Carl D. Perkins Career and Technical Education Improvement Act of 2006	Department of Education

I am pleased to inform you that you have been funded for the Carl D. Perkins Career and Technical Education Improvement Act of 2006.

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.

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

Andrea Guenthart, Associate Governmental Program Analyst
 Career Technical Education Administration and Management Office
 California Department of Education
 1430 N Street, Suite 4202
 Sacramento, CA 95814-5901

California Department of Education Contact Teri Alves	Job Title Education Programs Consultant
E-mail Address TAlves@cde.ca.gov	Telephone 916-322-0374
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