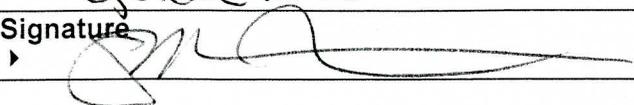


OCT 4 2016

**Grant Award Notification**

<b>GRANTEE NAME AND ADDRESS</b> Cary Matsuoka, Superintendent Milpitas Unified 1331 East Calaveras Boulevard Milpitas, CA 95035-5707				<b>CDE GRANT NUMBER</b>						
				<b>FY</b>	<b>PCA</b>	<b>Vendor Number</b>	<b>Suffix</b>			
				15	25306	7338	00			
				16	25312					
<b>Attention</b> Cary Matsuoka				<b>STANDARDIZED ACCOUNT CODE STRUCTURE</b>		<b>COUNTY</b>				
<b>Program Office</b> Office of the Superintendent				<b>Resource Code</b>	<b>Revenue Object Code</b>	43				
<b>Telephone</b> 408-635-2600				6387	8590	<b>INDEX</b>				
<b>Name of Grant Program</b> Career Technical Education Incentive Grant						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>				
	\$680,632	\$0					\$828,213	1	July 1, 2015	June 30, 2019
	\$0	\$147,581								
<b>CFDA Number</b>	<b>Federal Grant Number</b>	<b>Federal Grant Name</b>			<b>Federal Agency</b>					
N/A	N/A	N/A			N/A					
This is to inform you that the award for the Career Technical Education Incentive Grant has been amended to add additional funding and extend the award end date.										
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										
<b>California Department of Education Contact</b> Teri Alves				<b>Job Title</b> Education Programs Consultant						
<b>E-mail Address</b> talves@cde.ca.gov				<b>Telephone</b> 916-322-0374						
<b>Signature of the State Superintendent of Public Instruction or Designee</b> 				<b>Date</b> 9/20/16						
<b>CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS</b>										
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.										
<b>Printed Name of Authorized Agent</b> Cheryl Jordan				<b>Title</b> Interim Superintendent						
<b>E-mail Address</b> cjordan@msd.org				<b>Telephone</b>						
<b>Signature</b> 				<b>Date</b> 10-5-16						