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MAY 16 2017

California Department of Education
Fiscal Administrative Services Division
AO-400 (REV. 09/2014)

MILPITAS USD
LEARNING & DEVELOPMENT

Grant Award Notification

GRANTEE NAME AND ADDRESS Cary Matsuoka, Superintendent Milpitas Unified 1331 East Calaveras Boulevard Milpitas, CA 95035-5707				CDE GRANT NUMBER			
				FY	PCA	Vendor Number	Suffix
				16	25306	7338	00
Attention Cary Matsuoka				STANDARDIZED ACCOUNT CODE			COUNTY
Program Office Office of the Superintendent				Resource Code	Revenue Object	43	
Telephone (408) 635-2600				6387		8590	INDEX
Name of Grant Program Career Technical Education Incentive Grant							0615
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date	
	\$571,259	0	\$571,259	0	July 1, 2016	June 30, 2019	
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency		
N/A	N/A	N/A			N/A		
<p>I am pleased to inform you that you have been funded for the Career Technical Education Incentive Grant</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;">Sarah Parker, Staff Services Analyst Career Technical Education Administration and Management Office California Department of Education 1430 N Street, Suite 4202 Sacramento, CA 95814-5901</p>							
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 May 10, 2017		
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		