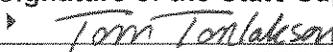


Grant Award Notification

GRANTEE NAME AND ADDRESS Kari Yeater, Superintendent North Monterey County Unified School District 8142 Moss Landing Road Moss Landing, CA 95039-0049			CDE GRANT NUMBER				
			FY	PCA	Vendor Number	Suffix	
			15	23939	7382	EZ	
Attention After School Coordinator			STANDARDIZED ACCOUNT CODE STRUCTURE			COUNTY	
Program Office After School Office			Resource Code	Revenue Object Code		27	
Telephone 831-633-3343			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
	\$518,298.75		\$518,298.75			7/1/2015	6/30/2016
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.</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;">Barbara Bell, Associate Governmental Program Analyst After School Division California Department of Education 1430 N Street, Suite 3400 Sacramento, CA 95814-5901</p>							
California Department of Education Contact Barbara Bell				Job Title Associate Governmental Program Analyst			
E-mail Address bbell@cde.ca.gov					Telephone 916-319-0289		
Signature of the State Superintendent of Public Instruction or Designee 					Date July 31, 2015		
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 9/16/15		