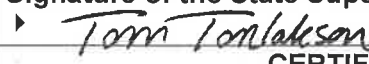


Grant Award Notification

GRANTEE NAME AND ADDRESS Denise Jaramillo, Superintendent Alhambra Unified School District 1515 West Mission Road Alhambra, CA 91803-1618				CDE GRANT NUMBER			
				FY	PCA	Vendor Number	Suffix
				17	25220	7571	03
Attention Denise Jaramillo, Superintendent				STANDARDIZED ACCOUNT CODE STRUCTURE			COUNTY
Program Office Accounting Office, Categorical Funds				Resource Code	Revenue Object Code		19
Telephone 626-943-3330				6385	8590		INDEX
Name of Grant Program California Partnership Academies: Career Technical Education Initiative							0615
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date	
	\$75,150		\$75,150		07/01/2017	06/30/2019	
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency		
<p>I am pleased to inform you that you have been funded for the Medical Careers Academy (9051) at San Gabriel High School.</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) within 10 days of receipt to:</p> <p style="text-align: center;">Emily Kast, Staff Services Analyst Career and College Transition Division California Department of Education 1430 N Street, Suite 4202 Sacramento, CA 95814-5901</p>							
California Department of Education Contact				Job Title			
Jerry Winthrop				Education Programs Consultant			
E-mail Address					Telephone		
jwinthrop@cde.ca.gov					916-319-0457		
Signature of the State Superintendent of Public Instruction or Designee					Date		
					9/27/17		
CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS							
<p>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.</p>							
Printed Name of Authorized Agent				Title			
Denise R. Jaramillo				Superintendent			
E-mail Address					Telephone		
jaramillo-donise@ausd.us					(626) 943-3000		
Signature					Date		
