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

Grant Award Notification

GRANTEE NAME AND ADDRESS	CDE GRANT NUMBER			
Dr. Laura Tellez-Gagliano, Superintendent Alhambra Unified School District 1515 West Mission Road Alhambra, CA 91803-1618	FY	PCA	Vendor Number	Suffix
	17	25220	7571	01
Attention Dr. Laura Tellez-Gagliano, Superintendent	STANDARDIZED ACCOUNT CODE STRUCTURE			COUNTY
Program Office Accounting Office, Categorical Funds	Resource Code	Revenue Object Code		19
Telephone 626-943-3000	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

I am pleased to inform you that you have been funded for the A.H.S. Green Construction Academy (8001) at Alhambra High School.

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) within 10 days of receipt to:

Emily Kast, Staff Services Analyst
Career and College Transition Division
California Department of Education
1430 N Street, Suite 4202
Sacramento, CA 95814-5901

California Department of Education Contact	Job Title
Jerry Winthrop	Education Programs Consultant
E-mail Address jwinthrop@cde.ca.gov	**Telephone** 916-319-0457
Signature of the State Superintendent of Public Instruction or Designee ▸ Tom Torlakson	**Date** 9/27/17

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
Denise R. Jaramillo	Superintendent
E-mail Address jaramillo_denise@ausd.us	**Telephone** (626) 943-3000
Signature ▸	**Date**