

## Apportionment Bulletin

Date: 09-28-23

Bulletin No. 24-086A

TO: San Bernardino County School Districts  
Chief Business Official and Directors of Accounting

SUBJECT: Team Nutrition Training Grant

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 08/15/2023.
2. Distribution Schedule

The income from this apportionment **WILL BE** deposited into the following account:

Fiscal Year	21-22
Resource	5454
Fund	13
Revenue Account	8290
PCA	15332
District	Upland USD

Please forward this information to the appropriate district staff. Notification will be sent to the district once funds are released for posting.

Apportionment Bulletins and back up documentation are posted at:

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The Apportionment Summary, which is updated monthly as of the 10<sup>th</sup> working day of every month, is posted at: <http://www.sbcss.k12.ca.us/index.php/business-services/business-advisory-services/apportionments>. (Includes revenue deposited as of the last working day of the previous months).

If you have any questions, please contact Tamika Murray at (909) 386-9682 or [tamika.murray@sbcss.net](mailto:tamika.murray@sbcss.net).

Sincerely,

*Signed by Tamika Murray*

Accountant  
Business Advisory Services

cc: Tamika Murray, Accountant  
Business Advisory Services

## Request for Payment of a Non-Formula Grant

Date:  
August 15, 2023

**1. SEND AN ORIGINAL AND TWO COPIES OF THIS COMPLETED REQUEST TO:**

Accounting Office  
1430 N Street Suite 2213

**(Check unit below according to source of funds.)**

- State Funds 445-5787  
 Federal Funds-USDOE 323-2246  
 State Operations 323-4798  
 Federal Funds-USDA & USDHHS 322-3020

2. Program Title:  
Team Nutrition Training Grant

3. Fiscal Year:  
2021–22

4. Index Code:  
0190

5. PCA Code:  
15332

6. School (SACS) Accounting Codes: Revenue Object Code: 8290  
Resource Code: 5454

7. Total of This Request:  
\$1,149.70

8. Program Contact For Questions Regarding This Request:

Name: Elia Bassin Title: Analyst

Unit: Financial Management Unit Phone: 916-319-0403

9. CERTIFICATION OF AUTHORIZING AGENT: *I hereby certify that to the best of my knowledge and belief: (a) the information entered on this request and the attached payment schedule is accurate and I hereby authorize payment of funds, and (b) the program unit responsible for this request has received appropriate assurances indicating that each grantee will abide by the terms of the grant.*

Name: (Print or Type) Kim Frinzell Title: Division Director

Signature: Date:

10. Attach a schedule of payments with sub-totals by county and district.

11. Send an electronic file of this request to the “payments” mailbox.

12. COE’S and program contacts will be notified by e-mail once claim schedules are sent to SCO.

**2020 Team Nutrition Training Grant: Fiscal Year 2021-22**

County Treasurer	County Code	FI\$Cal Supplier ID	FI\$Cal Address Sequence ID	PCA	Service Location Field	Grantee	Total Grant	Payment Amount (90%)	Approved Expense	Final Payment
San Bernardin	36	0000011839	4	15332	75069	Upland Unified School District	\$999.00	\$899.10	\$999.00	\$99.90
<b>County Total</b>										\$99.90

**2020 Team Nutrition Training Grant: Fiscal Year 2021–22**

<b>County</b>		
<b>Code</b>	<b>County Name</b>	<b>Amount</b>
36	San Bernardino	\$99.90
<b>County Total</b>		<b>\$99.90</b>