

Apportionment Bulletin

Date: 10-06-23

Bulletin No. 24-092A

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

SUBJECT: American Rescue Plan I – Homeless Children and Youth – Second Payment, Batch # 7

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 08/16/2023.
2. Distribution Schedule

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

Fiscal Year	21-22
Resource	5632
Fund	01
Revenue Account	8290
PCA	15564
District	Various

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:

The Apportionment Summary, which is updated monthly as of the 10th 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.

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:
08/16/2023

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:
American Rescue Plan I - Homeless Children and Youth - Second Payment, Batch #7

3. Fiscal Year: 2021-22	4. Index Code: 0510	5. PCA Code: 15564
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6. School (SACS) Accounting Codes: Revenue Object Code: 8290
Resource Code: 5632

7. Total of This Request:
\$684,428.00

8. Program Contact For Questions Regarding This Request:

Name:
Cindy Rodriguez

Title:
AGPA

Unit:
Grant Administration and Support Office

Phone:
916-319-0652

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)
William McGee

Title:
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.

**American Rescue Plan I - Homeless Children and Youth
Fiscal Year 2021-2022**

Index 0510

Program Cost Account (PCA) 15564

August 16, 2023

County Treasurer	County Code	FI\$ Su ID	FI\$ AS ID	PCA	Suffix	Serv Loc Field	Grantee	Payment Amount
San Bernardino	36	0000011839	04	15564	01	67637	Bear Valley Unified	\$ 2,318.00
San Bernardino	36	0000011839	04	15564	01	67876	San Bernardino City Unified	\$ 52,767.00
							County Total	\$ 55,085.00

**County Summary of the American Rescue Plan I -
Homeless Children and Youth Program
Fiscal Year 2021-22**

County Code	County Name	Amount	Voucher ID
36	San Bernardino	\$ 55,085.00	00382332
County Total		\$ 55,085.00	