

Apportionment Bulletin

Date: 10-26-23

Bulletin No. 24-124A

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

SUBJECT: Educator Workforce Investment Grant

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 07/24/2023.
2. Distribution Schedule

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

Fiscal Year	23-24
Resource	7810
Fund	01
Revenue Account	8590
PCA	25682
District	San Bernardino COE

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:
7/24/23

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:
Educator Workforce Investment Grant

3. Fiscal Year:
2023-24

4. Index Code:
0645

5. PCA Code:
25682

6. School (SACS) Accounting Codes: Revenue Object Code: N/A
Resource Code: N/A

7. Total of This Request:
\$6,000,000

8. Program Contact For Questions Regarding This Request:

Name:
Cristina Echols Gollas

Title:
Associate Governmental Program Analyst

Unit:
Division Support Office / Language Policy & Leadership Office

Phone:
916-319-0938

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)
Alesha Moreno-Ramirez

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.**

California Department of Education
 Grant Award Notification Encumbrance List

Educator Workforce Investment Grant (EWIG): Effective Language Acquisition Programs

FY 2023-24

Index 0645, PCA 25682

2023-24

County Treasurer	County Code	Fi\$Cal Supplier ID	Fi\$Cal Address ID	PCA	Service Location Field	Suffix	Entity	Grant Amount	First Payment
San Bernardino	36	0000011839	4	25682	10363	00	San Bernardino County Superintendent of Schools	\$2,500,000	\$1,500,000

County Total

\$2,500,000

\$1,500,000

**First Payment Schedule
FY 2023-24**

County Code	County Treasurer	Amount	Vouchers#
36	San Bernardino County Superintendent of Schools	\$1,500,000	
County Total		\$1,500,000	