

## Apportionment Bulletin

Date: 02-09-24

Bulletin No. 24-228A

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

SUBJECT: After School Education and Safety Program

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 01/19/2024.
2. Distribution Schedule

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

Fiscal Year	22-23
Resource	6010
Fund	01
Revenue Account	8590
PCA	24239
District	San Bernardino City 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:

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:

**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:

3. Fiscal Year:

4. Index Code:

5. PCA Code:

6. School (SACS) Accounting Codes:  
Resource Code:

Revenue Object Code:

7. Total of This Request:

8. Program Contact For Questions Regarding This Request:

Name:

Title:

Unit:  
Expanded Learning Division

Phone:

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)  
Michael Funk

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.

**Expanded Learning Division**  
**After School Education and Safety**  
**Fiscal Year 2022-23**  
**Local Education Agency & Non-Local Education Agency**  
**Summary**  
**Program Cost Account: 24239**  
**Resource Code: 6010**  
**01-19-2024 Batch # 14**

LEA Summary		
County Code	County Name	Amount
36	San Bernardino	\$1,189,976.77
	County Total	\$1,189,976.77

**Expanded Learning Division**  
**After School Education and Safety**  
**Fiscal Year 2022-23**  
**Local Education Agency**  
**Program Cost Account: 24239**  
**Resource Code: 6010**  
**01-19-2024 Batch # 14**

County Treasurer	County Code	FI\$Cal Supplier ID	FI\$Cal Address Sequence ID	PCA	Service Location Field	Suffix	Grantee	Payment Amount
San Bernardino	36	0000011839	4	24239	67876	EZ	San Bernardino City Unified	\$1,189,976.77
							<b>County Total</b>	<b>\$1,189,976.77</b>