



## Apportionment Bulletin

Date: 08-18-22

Bulletin No. 23-030A

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

SUBJECT: Individuals with Disabilities Education Act/ American Rescue Plan 611 Local Assistance Entitlements

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 05-05-2022.
2. Distribution Schedule

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

Fiscal Year	21-22
Resource	3305
Fund	01
Revenue Account	8182
PCA	15638
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 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

<b>Grant Payments</b>								
<b>Individuals with Disabilities Education Act/American Rescue Plan 611 Local Assistance Entitlements</b>								
<b>Fiscal Year 2021-22</b>								
<b>County Code</b>	<b>County Treasurer</b>	<b>FISCAL Supplier ID</b>	<b>FISCAL Address Sequence ID</b>	<b>Service Location Field</b>	<b>Suffix</b>	<b>Grantee</b>	<b>SELPA<sup>1</sup> Code</b>	<b>Payment Amounts</b>
36	San Bernardino	0000011839	4	10363	02	San Bernardino County Office of Education	3602	\$ 88,224.00
<b>County Total</b>								<b>\$ 88,224.00</b>
<b>California Department of Education</b>								
<b>Special Education Division</b>								
<b>Index 0663, Program Cost Account 15638</b>								
<b>Standardized Account Code Structure (SACS)/Revenue Object Code: 8182</b>								
<b>SACS/Resource Code: 3305</b>								
<b>Special Education Local Plan Area<sup>1</sup></b>								

<b>County Treasurer Summary of Payments</b>										
<b>Individuals with Disabilities Education Act/American Rescue Plan 611 Local Assistance Entitlements</b>										
<b>Fiscal Year 2021-22</b>										
<b>County Code</b>	<b>County Treasurer</b>	<b>Payment Amounts</b>	<b>Voucher</b>							
36	San Bernardino	\$ 88,224.00	00321618							
<b>County Total</b>		<b>\$ 88,224.00</b>								
<b>California Department of Education</b>										
<b>Special Education Division</b>										
<b>Index 0663, Program Cost Account 15638</b>										
<b>Standardized Account Code Structure (SACS)/Revenue Object Code: 8182</b>										
<b>SACS/Resource Code: 3305</b>										

## Request for Payment of a Non-Formula Grant

Date:  
May 5, 2022

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:  
Individuals with Disabilities Education Act/American Rescue Plan 611 Local Assistance Entitlements

3. Fiscal Year:  
2021-22

4. Index Code:  
0663

5. PCA Code:  
15638

6. School (SACS) Accounting Codes: Revenue Object Code: 8182  
Resource Code: 3305

7. Total of This Request:  
\$3,347,832.77

8. Program Contact For Questions Regarding This Request:

Name:  
Shannon Lam, SEDgrants@cde.ca.gov

Title:  
Associate Governmental Program Analyst

Unit:  
Fiscal Payments Unit, Grants

Phone:  
916-327-3508

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)  
Shiyloh Duncan-Becerril

Title:  
Associate Director, Special Education Division

Signature:

Digitally signed by Shiyloh Duncan-Becerril  
DN: cn=Shiyloh Duncan-Becerril, o=California  
Department of Education, ou=Special  
Education Division,  
email=shduncan@cde.ca.gov, c=US  
Date: 2022.05.05 15:39:37 -0700

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.**