San Bernardino County Superintendent of Schools
Transforming lives through education
Ted Alejandre
County Superintendent

Apportionment Bulletin

Date: 10-04-22 Bulletin No. 23-071A

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

SUBJECT: Strengthening Career and Technical Education for the 21st Century Act (Perkins V)

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 09-12-2022.
2. Distribution Schedule

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

Fiscal Year	21-22
Resource	3550
Fund	01
Revenue Account	8290
PCA	14894
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:
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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

2021–22 Perkins Section 131 Payment

PCA 14894

September 12, 2022

FY	County Treasurer	County Code	Supplier ID	Address Seq Number	PCA	Service Location	Suf	Grantee	Released Amount	Payment Amount
21	SAN BERNARDINO	36	0000011839	4	14894	75077	00	Apple Valley Unified	$ -	$ 77,689.20
21	SAN BERNARDINO	36	0000011839	4	14894	67637	00	Bear Valley Unified	$ 1,388.72	$ 22,071.28
21	SAN BERNARDINO	36	0000011839	4	14894	67678	00	Chino Valley Unified	$ 18,464.00	$ 122,709.26
21	SAN BERNARDINO	36	0000011839	4	14894	67710	00	Fontana Unified	$ 38,893.00	$ 230,679.00
21	SAN BERNARDINO	36	0000011839	4	14894	75044	00	Hesperia Unified	$ 3,408.37	$ 61,104.88
21	SAN BERNARDINO	36	0000011839	4	14894	75051	00	Lucerne Valley Unified	$ -	$ 17,628.00
21	SAN BERNARDINO	36	0000011839	4	14894	67777	00	Morongo Unified	$ -	$ 84,207.52
21	SAN BERNARDINO	36	0000011839	4	14894	67843	00	Redlands Unified	$ 27,240.94	$ 41,209.11
21	SAN BERNARDINO	36	0000011839	4	14894	67850	00	Rialto Unified	$ -	$ 142,535.41
21	SAN BERNARDINO	36	0000011839	4	14894	67876	00	San Bernardino City Unified	$ -	$ 327,736.60
21	SAN BERNARDINO	36	0000011839	4	14894	73957	00	Snowline Joint Unified	$ -	$ 31,025.80
21	SAN BERNARDINO	36	0000011839	4	14894	75069	00	Upland Unified	$ 1,191.00	$ 79,680.00
21	SAN BERNARDINO	36	0000011839	4	14894	67959	00	Yucaipa-Calimesa Joint Unified	$ 847.35	$ 38,940.82
								County Total	$ 91,433.38	$ 1,277,216.88

2021–22 Perkins Section 131 Payment Totals

PCA 14894

September 12, 2022

County Treasurer	Total	Voucher ID
SAN BERNARDINO	$ 1,277,216.88	00326506
County Total	**$ 1,277,216.88**	

California Department of Education
Fiscal and Administrative Services Division
AO-401 (REV. 02/2013)

Request for Payment of a Non-Formula Grant

	Date: 9/12/2022

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:
   Strengthening Career and Technical Education for the 21st Century Act (Perkins V)

3. Fiscal Year:	4. Index Code:	5. PCA Code:
2021–22	0615	14894

6. School (SACS) Accounting Codes: Revenue Object Code: 8290
   Resource Code: 3550

7. Total of This Request:
   $9,367,580.95

8. Program Contact For Questions Regarding This Request:

Name:	Title:
Rose Robertson	Associate Governmental Program Analyst
Unit:	**Phone:**
PASO	916-323-5054

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)	Title:
Pete Callas	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**.