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

# Apportionment Bulletin

Date: 10-04-22 Bulletin No. 23-072A

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

SUBJECT: 21st Century Community Learning Centers Program System of Support for Expanded Learning Grant

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 09-20-2022.
2. Distribution Schedule

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

| | |
|---|---|
| Fiscal Year | 20-21 |
| Resource | 4123 |
| Fund | 01 |
| Revenue Account | 8290 |
| PCA | 14350 |
| 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:
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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

**California Department of Education**
**Expanded Learning Division**
**21st Century Community Learning Centers-System of Support for Expanded Learning**
**Fiscal Year 2020-21 Local Education Agency**
**Index 0150, Project 0000493**
**Standarized Accounty Code Structure / Revenue Budget Code: 8290**
**Standarized Accounty Code Structure / Resource Code: 4123**
**9/20/2022/Batch #5**

| 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 | 14350 | 10363 | 00 | San Bernardino County Office of Education | $76,786.47 |
| | | | | | | | **County Total** | $76,786.47 |

**California Department of Education**
**Expanded Learning Division**
**21st Century Community Learning Centers-System of Support for Expanded Learning**
**Fiscal Year 2020-21 Local Education Agency**
**Index 0150, Project 0000492**
**Standarized Accounty Code Structure / Revenue Budget Code: 8290**
**Standarized Accounty Code Structure / Resource Code: 4124**
**9/20/2022/Batch #5**

| County | County Name | Amount | Voucher ID |
|---|---|---|---|
| 36 | San Bernardino | $76,786.47 | 00326609 |
| | **County Total** | **$76,786.47** | |

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

# Request for Payment of a Non-Formula Grant

| | Date: 9/20/22 |
|---|---|

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:
   21st Century Community Learning Centers Program System of Support for Expanded Learning Grant

| 3. Fiscal Year: | 4. Index Code: | 5. PCA Code: |
|---|---|---|
| 2020-21 | 0150 | 14350 |

6. School (SACS) Accounting Codes: Revenue Object Code: 8290
   Resource Code: 4123

7. Total of This Request:
   $992,351.53

8. Program Contact For Questions Regarding This Request:

| Name: | Title: |
|---|---|
| Deborah Denico | AGPA |

| Unit: | Phone: |
|---|---|
| Expanded Learning Division | 916-319-0215 |

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: |
|---|---|
| Michael Funk | 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**.