

## Apportionment Bulletin

Date: 07-13-21

Bulletin No. 22-004A

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

SUBJECT: 21<sup>st</sup> 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 06-10-21.
2. Distribution Schedule

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

Fiscal Year	19-20
Resource	4123
Fund	01
Revenue Account	8290
PCA	14350
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:

<http://www.sbcss.k12.ca.us/index.php/business-services/business-advisory-services/apportionment-bulletins>.

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

**California Department of Education**  
**Expanded Learning Division**  
**21st Century Community Learning Centers-System of Support for Expanded Learning**  
**Fiscal Year 2019-20 Local Education Agency**  
**Index 0150, Project 0000492**  
**Standardized Accounty Code Structure / Revenue Budget Code: 8290**  
**Standarized Accounty Code Structure / Resource Code: 4124**  
**06-10-2021 Batch # 4**

<b>County Treasurer</b>	<b>County Code</b>	<b>FI\$Cal Supplier ID</b>	<b>FI\$Cal Address Sequence ID</b>	<b>PCA</b>	<b>Service Location Field</b>	<b>Suffix</b>	<b>Grantee</b>	<b>Payment Amount</b>
Bernardino	36	0000011839	4	14350	10363	00	San Bernardino County Office of Education	\$77,285.95
							<b>County Total</b>	\$77,285.95

**California Department of Education**  
**Expanded Learning Division**  
**21st Century Community Learning Centers-System of Support for**  
**Expanded Learning**  
**Fiscal Year 2019-20 Local Education Agency**  
**Index 0150, Project 0000492**  
**Standardized Accounty Code Structure / Revenue Budget Code: 8290**  
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**06-10-2021/Batch # 4**

<b>County</b>	<b>County Name</b>	<b>Amount</b>	<b>Voucher</b>
36	San Bernardino	\$77,285.95	00256517
	<b>County Total</b>	<b>\$77,285.95</b>	

## Request for Payment of a Non-Formula Grant

Date:  
06/10/2021

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:  
21<sup>st</sup> Century Community Learning Centers Program System of Support for Expanded Learning Grant

3. Fiscal Year: 2019-20	4. Index Code: 0150	5. PCA Code: 14350
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6. School (SACS) Accounting Codes: Revenue Object Code: 8290  
Resource Code: 4123

7. Total of This Request:  
\$1,989,372.11

8. Program Contact For Questions Regarding This Request:

Name:  
Deborah Denico

Title:  
AGPA

Unit:  
Expanded Learning Division

Phone:  
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)  
Michael Funk

Title:  
Director

Signature:  
▸

Date:  
06/10/2021

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.**