

## Apportionment Bulletin

Date: 10-12-21 Bulletin No. 22-074A

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

SUBJECT: Workforce Innovation and Opportunity Act Title II: Adult Ed and Family Literacy Act,  
Public Law

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 09-03-2021.
2. Distribution Schedule

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

Fiscal Year	20-21
Resource	3905,3913,3926
Fund	11
Revenue Account	8290
PCA	13978, 14109,14508
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

**Workforce Innovation and Opportunity Act, Title II**

**Fiscal Year 2020–21 LEA**

<b>Quarter</b>	<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>Resource Code</b>	<b>Project Code</b>	<b>Service Location Field</b>	<b>Grantee</b>	<b>Payment Amount</b>
4	San Bernardino	36	0000011839	4	14508	3905	39	67686	Colton Joint Unified School District	\$24,456
4	San Bernardino	36	0000011839	4	13978	3913	41	67686	Colton Joint Unified School District	\$28,806
4	San Bernardino	36	0000011839	4	14508	3905	39	67710	Fontana Unified School District	\$137,169
4	San Bernardino	36	0000011839	4	13978	3913	41	67710	Fontana Unified School District	\$124,190
4	San Bernardino	36	0000011839	4	14109	3926	42	67710	Fontana Unified School District	\$40,207
4	San Bernardino	36	0000011839	4	14508	3905	39	67876	San Bernardino City Unified School District	\$219,041
4	San Bernardino	36	0000011839	4	13978	3913	41	67876	San Bernardino City Unified School District	\$107,184
4	San Bernardino	36	0000011839	4	14508	3905	39	67920	Victor Valley Community College District	\$29,501
4	San Bernardino	36	0000011839	4	13978	3913	41	67920	Victor Valley Community College District	\$93,312
4	San Bernardino	36	0000011839	4	14109	3926	42	67920	Victor Valley Community College District	\$4,816
<b>County Total</b>										<b>\$808,682</b>

## Request for Payment of a Non-Formula Grant

Date:  
9/3/21

**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:**

Workforce Innovation and Opportunity Act, Title II: Adult Ed. and Family Literacy Act, Public Law 113-128

**3. Fiscal Year:**

2020-21

**4. Index Code:**

0615

**5. PCA Code:**

See Attached

**6. School (SACS) Accounting Codes:**

Resource Code: See Attached

Revenue Object Code: 8290

**7. Total of This Request:**

\$1,577,655

**8. Program Contact For Questions Regarding This Request:**

**Name:**

Charlie Brenneman

**Title:**

AGPA

**Unit:**

Adult Education Office

**Phone:**

916-323-5635

- 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)**

Pete Callas

**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.**