

## Apportionment Bulletin

Date: 10-27-21

Bulletin No. 22-085A

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

SUBJECT: Alternate Dispute Resolution

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 10-11-2021.
2. Distribution Schedule

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

Fiscal Year	18-19
Resource	3395
Fund	01
Revenue Account	8182
PCA	13007
District	San Bernardino County Office of Education

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

<b>Grant Payment</b>								
<b>Alternate Dispute Resolution</b>								
<b>Fiscal Year 2018–19</b>								
<b>County Code</b>	<b>County Treasurer</b>	<b>Fi\$Cal Supplier ID</b>	<b>Fi\$Cal Address Sequence</b>	<b>Service Location Field</b>	<b>Suffix</b>	<b>Grantee</b>	<b>SELPA* Code</b>	<b>Payment</b>
36	San Bernardino	0000011830	4	10363	03	San Bernardino County Office of Education	3603	\$16,544.00
							<b>TOTAL</b>	<b>\$16,544.00</b>
<b>County Total</b>								
<b>California Department of Education</b>								
<b>Special Education Division</b>								
Index 0663, Program Cost Account 13007								
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182								
SACS / Resource Code: 3395								
<sup>1</sup> Special Education Local Plan Area								

<b>County Treasurer Summary of Payments</b>		
<b>Alternate Dispute Resolution</b>		
<b>Fiscal Year 2018–19</b>		
<b>County Code</b>	<b>County Treasurer</b>	<b>Payment</b>
36	San Bernardino	\$16,544.00
	<b>County Total</b>	<b>\$16,544.00</b>
<b>California Department of Education</b>		
<b>Special Education Division</b>		
Index 0663, Program Cost Account 13007		
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182		
SACS / Resource Code: 3395		

## Request for Payment of a Non-Formula Grant

Date:  
October 11, 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:  
Alternate Dispute Resolution

3. Fiscal Year:  
2018-19

4. Index Code:  
0663

5. PCA Code:  
13007

6. School (SACS) Accounting Codes: Revenue Object Code: 8182  
Resource Code: 3395

7. Total of This Request:  
\$ 165,098.28

8. Program Contact For Questions Regarding This Request:

Name:  
Penny Cobb, SEDGrants@cde.ca.gov

Title:  
Associate Governmental Program Analyst

Unit:  
Administrative Services Unit

Phone:  
916-327-3509

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 Becerril-Duncan

Title:  
Associate Director, Special Education Division

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.**