

Apportionment Bulletin

Date: 11-08-21

Bulletin No. 22-093A

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

SUBJECT: WorkAbility I Program

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 10-21-2021.
2. Distribution Schedule

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

Fiscal Year	20-21
Resource	6520
Fund	01
Revenue Account	8590
PCA	23011
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 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

Grant Payment
 WorkAbility
 Fiscal Year 2020-21

County Code	County Treasurer	Fiscal Supplier ID	Fiscal Sequence ID	Service Location Field	Suffix	Grantee	Site #	Payment Amount	PORef	SL	PORef&SL	PO#	LINE#	REMAIN. AMT.
36	San Bernardino	0000011839	4	10363	A0	San Bernardino County Office of Education	236	\$ 139,803.71	19-2301120-W0	64303	19-2301120-W064303	0000022319	6	111275
36	San Bernardino	0000011839	4	75077	W0	Apple Valley Unified School District	258	\$ 112,800.00	19-2301120-W0	64329	19-2301120-W064329	0000022319	7	132465
36	San Bernardino	0000011839	4	67686	W0	Colton Joint Unified School District	115	\$ 150,098.00	19-2301120-W0	64337	19-2301120-W064337	0000022319	8	237200
36	San Bernardino	0000011839	4	74138	W0	Colton-Redlands-Yucaipa Regional Occupational Program	116	\$ 115,885.00	19-2301120-W0	64352	19-2301120-W064352	0000022319	9	350700
36	San Bernardino	0000011839	4	67850	W0	Rialto Unified School District	177	\$ 304,085.00	19-2301120-W0	64378	19-2301120-W064378	0000022319	10	74505
36	San Bernardino	0000011839	4	67876	A1	San Bernardino City Unified School District	097	\$ 365,359.00	19-2301120-W0	64394	19-2301120-W064394	0000022319	11	81060
County Total								\$ 1,188,030.71	33-2301120-A1	75192	33-2301120-A175192	0000022348	4	113000

Grant Payment
 WorkAbility
 Fiscal Year 2020–21

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County Total								\$ 1,188,030.71

California Department of Education
 Special Education Division
 Index 0663, Program Cost Account 23011
 Standardized Account Code Structure (SACS) / Revenue Object Code: 8590
 SACS/ Resource Code: 6520

Request for Payment of a Non-Formula Grant

Date:
October 21, 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:
WorkAbility I Program

3. Fiscal Year:
2020-21

4. Index Code:
0663

5. PCA Code:
23011

6. School (SACS) Accounting Codes:
Resource Code: 6520

Revenue Object Code: 8590

7. Total of This Request:
\$ 19,127,292.14

8. Program Contact For Questions Regarding This Request:

Name:
Thomas Williamson, SEDgrants@cde.ca.gov

Title:
Associate Governmental Program Analyst

Unit:
Administrative Services Unit, Grants

Phone:
(916) 327-3530

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 Duncan-Becerril

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.