

Apportionment Bulletin

Date: 12-14-21 Bulletin No. 22-124A

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

SUBJECT: Mental Health Average Daily Attendance (ADA) Allocation

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 11-29-2021.
2. Distribution Schedule

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

| | |
|-----------------|--------------------|
| Fiscal Year | 20-21 |
| Resource | 3327 |
| Fund | 01 |
| Revenue Account | 8182 |
| PCA | 15197 |
| 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:
<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
Mental Health Average Daily Attendance (ADA) Allocation
Fiscal Year 2020–21**

| County Code | County Treasurer | FI\$CAL Supplier ID | FI\$CAL Address Sequence ID | Service Location Field | Suffix | Grantee | SELPA¹ Code | Payment Amount |
|--------------------|-------------------------|----------------------------|------------------------------------|-------------------------------|---------------|---|-------------------------------|-----------------------|
| 36 | SAN BERNARDINO | 0000011839 | 4 | 10363 | 01 | San Bernardino County Office of Education | 3601 | \$1,003,925.00 |
| 36 | SAN BERNARDINO | 0000011839 | 4 | 10363 | 02 | San Bernardino County Office of Education | 3602 | \$890,579.00 |
| | | | | | | County Total | | \$1,894,504.00 |

**California Department of Education
Special Education Division
Index 0663, Program Cost Account 15197
Standardized Account Code Structure (SACS) / Revenue Object Code: 8182
SACS/ Resource Code: 3327**

¹Special Education Local Plan Area

**County Treasurer Summary of Payments
Mental Health Average Daily Attendance (ADA) Allocation
Fiscal Year 2020–21**

| County Code | County Treasurer | Payment Amount | Voucher # |
|--------------------|-------------------------|-----------------------|------------------|
| 36 | SAN BERNARDINO | \$ 1,894,504.00 | 00289365 |
| | County Total | \$1,894,504.00 | |

California Department of Education

Special Education Division

Index 0663, Program Cost Account 15197

Standardized Account Code Structure (SACS) / Revenue Object Code: 8182

SACS/ Resource Code: 3327

Request for Payment of a Non-Formula Grant

Date:
November 29, 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:
Mental Health Average Daily Attendance (ADA) Allocation

3. Fiscal Year:
2020–21

4. Index Code:
0663

5. PCA Code:
15197

6. School (SACS) Accounting Codes: Revenue Object Code: 8182
Resource Code: 3327

7. Total of This Request:
\$18,205,573.88

8. Program Contact For Questions Regarding This Request:

Name:
Liem Vo, SEDgrants@cde.ca.gov

Title:
Associate Governmental Program Analyst

Unit:
Administrative Services Unit, Grants

Phone:
(916) 327-3676

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.**