San Bernardino County Superintendent of Schools
Transforming lives through education
Ted Alejandre
County Superintendent

Apportionment Bulletin

Date: 12-10-21 Bulletin No. 22-121A

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 11-08-2021.
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	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
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	SELPA [1] Code	Payment Amount
36	SAN BERNARDINO	0000011839	4	67710	01	Fontana Unified School District	3613	$405,576.00
36	SAN BERNARDINO	0000011839	4	10363	04	San Bernardino County Office of Education	3651	$78,953.00
36	SAN BERNARDINO	0000011839	4	10363	03	San Bernardino County Office of Education	3603	$1,031,085.00
36	SAN BERNARDINO	0000011839	4	67819	01	Ontario-Montclair School District	3614	$226,767.00
36	SAN BERNARDINO	0000011839	4	67876	01	San Bernardino City Unified School District	3612	$570,278.00
						County Total		**$2,312,659.00**

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

[1]Special 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	Vocuher #
36	SAN BERNARDINO	$2,312,659.00	00285316
	County total	2,312,659.00	

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

California Department of Education
Fiscal and Administrative Services Division
AO-401 (REV. 02/2013)

Request for Payment of a Non-Formula Grant

Date:
November 8, 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:	4. Index Code:	5. PCA Code:
2020–21	0663	15197

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

7. Total of This Request:
   $26,340,182.00

8. Program Contact For Questions Regarding This Request:

Name:	Title:
Liem Vo, SEDgrants@cde.ca.gov	Associate Governmental Program Analyst
Unit:	**Phone:**
Administrative Services Unit, Grants	(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)	Title:
Shiyloh Duncan-Becerril	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**.