San Bernardino County Superintendent of Schools
Transforming lives through education

Ted Alejandre
County Superintendent

Apportionment Bulletin

Date: 03-18-22 Bulletin No. 22-203A

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

SUBJECT: Individuals with Disabilities Education Act 619 Federal Preschool Grant

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 01-21-2022
2. Distribution Schedule

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

Fiscal Year	20-21
Resource	3315
Fund	01
Revenue Account	8182
PCA	13430
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:
.

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 Payments								
Individuals with Disabilities Education Act 619 Federal Preschool Grant								
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 Amounts**
36	SAN BERNARDINO	0000011839	4	10363	02	San Bernardino County Office of Education	3602	$ 388,347.00
36	SAN BERNARDINO	0000011839	4	10363	03	San Bernardino County Office of Education	3603	$ 120,338.00
36	SAN BERNARDINO	0000011839	4	67710	01	Fontana Unified School District	3613	$ 76,625.00
36	SAN BERNARDINO	0000011839	4	67876	01	San Bernardino City Unified School District	3612	$ 170,772.00
County Total								**$ 756,082.00**
California Department of Education								
Special Education Division								
Index 0663, Program Cost Account 13430								
Standardized Account Code Structure (SACS)/Revenue Object Code: 8182								
SACS/Resource Code: 3315								
Special Education Local Plan Area[1]								

County Treasurer Summary of Payments				
Individuals with Disabilities Education Act 619 Federal Preschool Grant				
Fiscal Year 2020–21				
County Code	**County Treasurer**	**Payment Amounts**	**Voucher #**	
36	SAN BERNARDINO	$ 756,082.00	00300464	
County Total		**$ 756,082.00**		
California Department of Education				
Special Education Division				
Index 0663, Program Cost Account 13430				
Standardized Account Code Structure (SACS)/Revenue Object Code: 8182				
SACS/Resource Code: 3315				

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

Request for Payment of a Non-Formula Grant

	Date: January 21, 2022

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:
   Individuals with Disabilities Education Act 619 Federal Preschool Grant

3. Fiscal Year:	4. Index Code:	5. PCA Code:
2020–21	0663	13430

6. School (SACS) Accounting Codes: Revenue Object Code: 8182
   Resource Code: 3315

7. Total of This Request:
   $6,385,758.73

8. Program Contact For Questions Regarding This Request:

Name:	Title:
Shannon Lam, SEDgrants@cde.ca.gov	Associate Governmental Program Analyst
Unit:	**Phone:**
Administrative Services Unit, Grants	916-327-3508

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**.