

Apportionment Bulletin

Date: 06-14-22

Bulletin No. 22-304A

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

SUBJECT: After School Education and Safety Program

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 05-18-2022.
2. Distribution Schedule

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

Fiscal Year	21-22
Resource	6010
Fund	01
Revenue Account	8590
PCA	23939
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

Expanded Learning Division
After School Education and Safety
Fiscal Year 2021-22
Local Education Agency & Non-Local Education Agency
Summary
Program Cost Account: 23939
Resource Code: 6010
05-18-2022 Batch # 6

County Code	County Name or Grantee Name	Amount
36	San Bernardino	\$ 6,221,763.89
	County Total	\$ 6,221,763.89

Voucher# |
 314610

**Expanded Learning Division
 After School Education and Safety
 Fiscal Year 2021-22
 Local Education Agency
 Program Cost Account: 23939
 Resource Code: 6010
 05-18-2022 Batch # 6**

County Treasurer	County Code	FI\$Cal Supplier ID	FI\$Cal Address Sequence ID	PCA	Service Location Field	Suffix	Grantee	Payment Amount
San Bernardino	36	0000011839	4	23939	67587	EZ	Adelanto Elementary	\$572,267.37
San Bernardino	36	0000011839	4	23939	67587	FR	Adelanto Elementary	\$3,750.00
San Bernardino	36	0000011839	4	23939	67611	EZ	Barstow Unified	\$61,244.79
San Bernardino	36	0000011839	4	23939	67678	EZ	Chino Valley Unified	\$942,884.26
San Bernardino	36	0000011839	4	23939	67686	EZ	Colton Joint Unified	\$726,881.66
San Bernardino	36	0000011839	4	23939	67694	EZ	Cucamonga Elementary	\$165,329.81
San Bernardino	36	0000011839	4	23939	67819	EZ	Ontario-Montclair	\$1,229,991.49
San Bernardino	36	0000011839	4	23939	67843	EZ	Redlands Unified	\$375,133.51
San Bernardino	36	0000011839	4	23939	67850	EZ	Rialto Unified	\$927,889.76
San Bernardino	36	0000011839	4	23939	67918	EZ	Victor Elementary	\$448,929.70
San Bernardino	36	0000011839	4	23939	67959	EZ	Yucaipa-Calimesa Joint Unified	\$38,153.04
San Bernardino	36	0000011839	4	23939	73957	EZ	Snowline Joint Unified	\$114,459.10
San Bernardino	36	0000011839	4	23939	75051	EZ	Lucerne Valley Unified	\$45,783.64
San Bernardino	36	0000011839	4	23939	75069	EZ	Upland Unified	\$208,185.46
San Bernardino	36	0000011839	4	23939	75077	EZ	Apple Valley Unified	\$152,886.84
San Bernardino	36	0000011839	4	23939	C0677	EZ	ASA Charter School	\$50,423.05
San Bernardino	36	0000011839	4	23939	C0801	EZ	Pathways to College	\$50,870.71
San Bernardino	36	0000011839	4	23939	C1089	EZ	New Vision Middle School	\$40,618.64
San Bernardino	36	0000011839	4	23939	C1153	EZ	iEmpire Academy	\$38,153.04
San Bernardino	36	0000011839	4	23939	C1795	EZ	Ballington Academy for the Arts and Sciences San Bernardino	\$27,928.02
							County Total	\$6,221,763.89

Request for Payment of a Non-Formula Grant

Date:

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:

3. Fiscal Year:

4. Index Code:

5. PCA Code:

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

Revenue Object Code:

7. Total of This Request:

8. Program Contact For Questions Regarding This Request:

Name:

Title:

Unit:
Expanded Learning Division

Phone:

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)
Michael Funk

Title:
Director

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.**