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

Apportionment Bulletin

Date: 05/05/21 Bulletin No. 21-231A

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

SUBJECT: After School Education and Safety Kids Code Pilot Program

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 04-21-21.
2. Distribution Schedule.

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

Fiscal Year	18-19
Resource	6011
Fund	01
Revenue Account	8590
PCA	25413
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

Expanded Learning Division
After School Education and Safety Kids Code Pilot Program
Fiscal Year 2018-19
Local Education Agency
Program Cost Account: 25413
Resource Code: 6011
04-12-2021 Batch # 1

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	25413	67587	KC	Adelanto Elementary	$15,000.00
San Bernardino	36	0000011839	4	25413	C1795	KC	Ballington Academy for the Arts and Sciences San Bernardino	$5,000.00
San Bernardino	36	0000011839	4	25413	67686	KC	Colton Joint Unified	$6,500.00
San Bernardino	36	0000011839	4	25413	67710	KC	Fontana Unified	$11,500.00
San Bernardino	36	0000011839	4	25413	67850	KC	Rialto Unified	$6,500.00
San Bernardino	36	0000011839	4	25413	67876	KC	San Bernardino City Unified	$10,000.00
							LEA County Total	$54,500.00

Expanded Learning Division
After School Education and Safety Kids Code Pilot Program
Fiscal Year 2018-19
Non-Local Education Agency
Program Cost Account: 25413
Resource Code: 6011
04-12-2021 Batch # 1

FI$Cal Supplier ID	FI$Cal Address Sequence ID	PCA	Service Location Field	Suffix	Grantee	Payment Amount
0000012191	6	25413	21860	KC	City of Moreno Valley	$18,000.00
					Non-LEA Statewide Total:	**$ 18,000.00**

Expanded Learning Division
After School Education and Safety Kids Code Pilot Program
Fiscal Year 2018-19
Local Education Agency & Non-Local Education Agency
Summary
Program Cost Account: 25413
Resource Code: 6011
04-12-2021 Batch # 1

County Code	County Name	Amount
36	San Bernardino	$54,500.00
	LEA Grantee County Total:	$ 54,500.00
	County Grand Total:	$54,500.00

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

Request for Payment of a Non-Formula Grant

	Date: 4/21/21

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:
   After School Education and Safety Kids Code Pilot Program

3. Fiscal Year:	4. Index Code:	5. PCA Code:
2018	0150	25413

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
   Resource Code: 6011

7. Total of This Request:
   1,433,500.00

8. Program Contact For Questions Regarding This Request:

Name:	Title:
Andrea Shumate	Associate Governmental Program Analyst
Unit: Program and Fiscal Office 2	**Phone:** 445-5620

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:
Michael Funk	Division 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**.