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

Apportionment Bulletin

Date: 05/25/21 Bulletin No. 21-246A

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

SUBJECT: California Partnership Academies Prop 98 (First Payment)

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 04-06-21.
2. Distribution Schedule.

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

Fiscal Year	20-21
Resource	7220
Fund	01
Revenue Account	8590
PCA	23181
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

California Partnership Academies Proposition 98
FY 2020–21
Index 0615, PCA 23181

County Treasurer	County Code	FI$Cal Supplier ID	FI$Cal Address Sequence ID	PCA	Service Location Field	Suffix	District	School	Academy	CPAID	Grant Amount	50 % Payment 1
San Bernardino	36	0000011839	4	23181	75077	01	Apple Valley Unified School District	Apple Valley High School	Medical and Health Science Technology (MAHST) Academy	0447	$77,670	$38,835.00
San Bernardino	36	0000011839	4	23181	67710	01	Fontana Unified School District	A. B. Miller High School	Health Services Academy	0482	$77,670	$38,835.00
San Bernardino	36	0000011839	4	23181	67843	01	Redlands Unified School District	Redlands Senior High School	HEART Academy	0156	$77,670	$38,835.00
San Bernardino	36	0000011839	4	23181	67876	01	San Bernardino City Unified School District	Arroyo Valley High School	Educators for Tomorrow	0470	$77,670	$38,835.00
San Bernardino	36	0000011839	4	23181	67876	02	San Bernardino City Unified School District	San Bernardino High School	Cardinal Partnership Academy	0170	$77,670	$38,835.00
San Bernardino	36	0000011839	4	23181	67876	03	San Bernardino City Unified School District	San Bernardino High School	Public Safety Academy	0169	$77,670	$38,835.00
San Bernardino	36	0000011839	4	23181	73957	01	Snowline Joint Unified School District	Serrano High School	Multimedia Academy	0180	$77,670	$38,835.00
									County Total		$543,690	$271,845

GRANT AWARD NOTIFICATION ENCUMBRANCE LIST 1st Payment

California Partnership Academies Proposition 98
FY 2020–21
Index 0615, PCA 23181

County Code	County Name		Amount	voucher #
36	San Bernardino		$271,845.00	245084
	County Total	**$**	**271,845.00**	

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

Request for Payment of a Non-Formula Grant

Date:
April 6, 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:
   California Partnership Academies Prop 98 (First Payment)

3. Fiscal Year:	4. Index Code:	5. PCA Code:
2020-21	0615	23181

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
   Resource Code: 7220

7. Total of This Request:
   ~~$9,137,012~~ **$9,137,012.50** XW

8. Program Contact For Questions Regarding This Request:

Name:	Title:
Pete Callas/Michelle Upton	Administrator/SSA
Unit:	**Phone:**
High School Innovations and Initiatives Office	319-0892

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:
Pete Callas	Interim Director, Career and College Transition Division
Signature:	**Date:**
Pete Callas Digitally signed by Pete Callas Date: 2021.04.14 08:09:07 -07'00'	

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.**