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

Apportionment Bulletin

Date: 06/04/21 Bulletin No. 21-255A

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

SUBJECT: Workforce Innovation and Opportunity Act, Title II: Adult Ed. And Family Literacy Act, Public Law 113-128

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 05-07-21.
2. Distribution Schedule.

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

Fiscal Year	20-21
Resource	3905,3913,3926
Fund	11
Revenue Account	8290
PCA	13978,14109,14508
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

Workforce Innovation and Opportunity Act, Title II

Fiscal Year 2020–21 LEA

Quarter	County Treasurer	County Code	Fi$Cal Supplier ID	Fi$Cal Address Sequence ID	PCA	Resource Code	Project Code	Service Location Field	Grantee	Payment Amount
3	San Bernardino	36	0000011839	4	14508	3905	39	67652	Chaffey Joint Union High School District	$102,993
3	San Bernardino	36	0000011839	4	13978	3913	41	67652	Chaffey Joint Union High School District	$86,524
3	San Bernardino	36	0000011839	4	14109	3926	42	67652	Chaffey Joint Union High School District	$39,593
3	San Bernardino	36	0000011839	4	14508	3905	39	67678	Chino Valley Unified School District	$102,233
3	San Bernardino	36	0000011839	4	13978	3913	41	67678	Chino Valley Unified School District	$17,692
3	San Bernardino	36	0000011839	4	14508	3905	39	67710	Fontana Unified School District	$70,481
3	San Bernardino	36	0000011839	4	13978	3913	41	67710	Fontana Unified School District	$72,039
3	San Bernardino	36	0000011839	4	14109	3926	42	67710	Fontana Unified School District	$22,168
3	San Bernardino	36	0000011839	4	14508	3905	39	67850	Rialto Unified School District	$6,462
3	San Bernardino	36	0000011839	4	13978	3913	41	67850	Rialto Unified School District	$6,340
3	San Bernardino	36	0000011839	4	14508	3905	39	67876	San Bernardino City Unified School District	$113,814
3	San Bernardino	36	0000011839	4	13978	3913	41	67876	San Bernardino City Unified School District	$78,100
									County Total	**$718,439**

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

Request for Payment of a Non-Formula Grant

	Date: 5/7/21

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:
   Workforce Innovation and Opportunity Act, Title II: Adult Ed. and Family Literacy Act, Public Law 113-128

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

6. School (SACS) Accounting Codes: Revenue Object Code: 8290
   Resource Code: See Attached

7. Total of This Request:
   $2,785,455

8. Program Contact For Questions Regarding This Request:

Name:	Title:
Charlie Brenneman	AGPA

Unit:	Phone:
Adult Education Office	916-323-5635

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

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**.