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

Apportionment Bulletin

Date: 06/18/21 Bulletin No. 21-277A

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

SUBJECT: WorkAbility I Program

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 05-14-21.
2. Distribution Schedule.

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

Fiscal Year	19-20
Resource	6520
Fund	01
Revenue Account	8590
PCA	23011
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

Grant Payment
WorkAbility
Fiscal Year 2019–20

County Code	County Treasurer	Fiscal supplier ID	Fiscal Sequence ID	Service Location Field	Suffix	Grantee	Site #	Payment Amount
36	SAN BERNARDINO	0000011839	4	10363	A0	San Bernardino County Office of Education	236	$ 43,430.00
36	SAN BERNARDINO	0000011839	4	10363	A2	San Bernardino County Office of Education	050	$ 150,897.50
36	SAN BERNARDINO	0000011839	4	67686	W0	Colton Joint Unified School District	115	$ 37,553.75
36	SAN BERNARDINO	0000011839	4	67710	A1	Fontana Unified School District	077	$ 84,665.25
36	SAN BERNARDINO	0000011839	4	67777	A1	Morongo Unified School District	290	$ 11,640.00
36	SAN BERNARDINO	0000011839	4	67850	W0	Rialto Unified School District	177	$ 76,021.25
36	SAN BERNARDINO	0000011839	4	67868	W0	Rim of the World Unified School District	294	$ 20,006.25
						County Total		**$ 424,214.00**

California Department of Education
Special Education Division
Index 0663, Program Cost Account 23011
Standardized Account Code Structure (SACS) / Revenue Object Code: 8590
SACS/ Resource Code: 6520

County Treasurer Summary of Payments
WorkAbility
Fiscal Year 2019–20

County Code	County Treasurer	Payment
36	SAN BERNARDINO	$ 424,214.00
County Total		**$ 424,214.00**

California Department of Education
Special Education Division
Index 0663, Program Cost Account 23011
Standardized Account Code Structure (SACS) / Revenue Object Code: 8590
SACS/ Resource Code: 6520

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

Request for Payment of a Non-Formula Grant

Date:
May 14, 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:
   WorkAbility I Program

3. Fiscal Year:	4. Index Code:	5. PCA Code:
2019–20	0663	23011

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
   Resource Code: 6520

7. Total of This Request:
   $ 4,257,917.38

8. Program Contact For Questions Regarding This Request:

Name:	Title:
Penny Cobb	Associate Governmental Program Analyst

Unit:	Phone:
Adminstrative Services Unit	916-327-3509

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**.