

Apportionment Bulletin

Date: 12/05/24

Bulletin No. 25-186A

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

SUBJECT: California Community Schools Partnership Program: Implementation Grant, Cohort 1

Enclosed are the following documents for your district:

1. Letter from the California Department of Education dated 10/29/2024.
2. Distribution Schedule

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

Fiscal Year	21-22
Resource	6332
Fund	01
Revenue Account	8590
PCA	25610, 25622
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: <https://www.sbcss.net/business/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

Request for Payment of a Non-Formula Grant

Date:
10/29/24

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 Community Schools Partnership Program: Implementation Grant, Cohort 1

3. Fiscal Year:
2021-22

4. Index Code:
0615

5. PCA Code:
Multiple

6. School (SACS) Accounting Codes: Revenue Object Code: 8590
Resource Code: 6332

7. Total of This Request:
\$117,225,000

8. Program Contact For Questions Regarding This Request:

Name:
Nicole Marcheschi

Title:
AGPA

Unit:
Community Schools Office

Phone:
916-319-0499

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)
Dr. Erika F Torres

Title:
Deputy Superintendent, Student Support Ser

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.**

California Community Schools Partnership Program: Implementation Grant, Cohort 1
Fiscal Year 2021–22, Year 3 Payment, PCA 25610, 25616, and 25622

[illegible]

California Community Schools Partnership Program:
 Implementation Grant, Cohort 1
 Fiscal Year 2021–22, Year 3 Payment, PCA 25610, 25616, 25622

County Code	County Name	Payment Amount	Voucher ID
36	San Bernardino	\$7,830,000	00446841
County Total		\$7,830,000	