



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Preschool Services

Contact Name: Martha Garcia Telephone: (909) 383-2036

Agreement No.: _____ Amendment No.: _____ Date of Board Item 8/10/21 Board Item No.: 23

Name of Contract Entity/Project Name: Dept. of Health and Human Services, Administration for Children and Families

Explanation of request/Special Instructions:

Preschool Services Department (PSD) received grant funding for the Fatherhood-Family-Focused, Interconnected, Resilient, and Essential (FIRE) program for the 2021-22 grant period. The grantor, the Office of Family Assistance, requires PSD to submit quarterly Performance Progress Reports as a grantee. PSD is requesting the signature of the Board of Supervisors Chairman on the 1st quarter Performance Progress Report for grant period September 30, 2021 through September 29, 2022. The Chairman is the Authorized Certifying Official for the Fatherhood FIRE grant, thus the Office of Family Assistance is requiring his signature authorization.


Insert check mark that the following required documents are attached to this request:

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Adam Ebright	Date Sent: 2/16/22
Reviewing County Counsel Use Only	Review Date <u>2/28/21</u>  Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>3/7/2022</u>  Signature	Disposition: <input type="checkbox"/> Route for signature to: <input checked="" type="checkbox"/> Chair <input type="checkbox"/> CEO <input type="checkbox"/> Department <input type="checkbox"/> Return to Department for preparation of agenda item

**ACF PERFORMANCE PROGRESS REPORT
ACF-OGM-PPRCoverPage**

Administration for Children and Families
U.S. Department of Health and Human Services

		Page 1	of Pages 3
1. Federal Agency and Organization Element to Which Report is Submitted The Office of Family Assistance		2. Federal Grant or Other Identifying Number Assigned by Federal Agency 90ZJ0037	
		3a. DUNS Number 128518193	
		3b. EIN 956002748	
4. Recipient Organization (Name and complete address including zip code) SAN BERNARDINO, COUNTY OF 150 S. Lena Road San Bernardino, CA 92415-0515		5. Recipient Identifying Number or Account Number 7511P	
6. Project/Grant Period Start Date: (Month, Day, Year) 09/30/2020 End Date: (Month, Day, Year) 09/29/2025		7. Reporting Period End Date (Month, Day, Year) 12/31/2021	
		8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe) <input type="text"/>	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) Please see the attached performance narrative.			
11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
11a. Typed or Printed Name and Title of Authorized Certifying Official Curt Hagman, Chairman of the Board of Supervisors, Fourth District Supervisor County of San Bernardino Board of Supervisors		11c. Telephone (area code and number) extension 909-387-4866	
		11d. Email Address curt.hagman@bos.sbcounty.gov	
11b. Signature of Authorized Certifying Official 		11e. Date Report Submitted (Month, Day, Year) <input type="text"/>	
12. Agency use only			

**ACF PERFORMANCE PROGRESS REPORT
ACF-OGM-PPR
COVER PAGE INSTRUCTIONS**

Administration for Children and Families
U.S. Department of Health and Human Services

Item	Data Elements	Instructions
1.	Awarding Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is the sub-agency within an awarding Federal agency.
2.	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a.	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or System for Award Management (SAM) extended DUNS Number.
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.
4.	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5.	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6.	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increment known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7.	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter period end dates shall be used: 3/31; 6/30; 9/30; and 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8.	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10.	Performance Narrative	Leave blank and complete Form ACF-OGM SF PPR Attachment B

ACF PERFORMANCE PROGRESS REPORT
Appendix B - Program Indicators
ACF-OGM-PPR

PPR-OGM-B

Page 2	of Pages 3
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1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date (MM/DD/YYYY)
The Office of Family Assistance	90ZJ0037	128518193	12/31/2021
		3b. EIN	
		956002748	

Program Indicators

(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation
B-01	Major activities and accomplishments during this period		Preschool Services Department (PSD) hosted a Fatherhood FLAME event on November 17, 2021. Approximately 69 participants from various agencies attended. PSD continues to work with partners through respective Memorandums of Understanding, sent out job announcements for recruitment, had workshop facilitators attend training, and continuously update and utilize an interest list for prospective participants.
B-02	Problems		Recruitment for new staff has been challenging; however, even with staffing issues, the workshops, recruitment for participants, and training have continued.
B-03	Significant findings and events		The Fatherhood FLAME survey results yielded very positive reviews. Because of this PSD will work on hosting similar events to build community partnerships, increase knowledge of importance of Fatherhood within the community, and increase participants in the FIRE program.

ACF PERFORMANCE PROGRESS REPORT
Appendix B - Program Indicators
ACF-OGM-PPR

B-04	Dissemination activities		<p>Individual outreach via phone, text, and e-mail has been completed with eligible families. Ongoing reports and outreach have been established with the PSD Policy Council and progress reports have been established with the PSD Shared Governance Board. Outreach presentations have been made to the Inland Empire Fatherhood Involvement Coalition along with other entities.</p>
B-05	Other Activities		<p>Continue to post job vacancies, interview, and fill positions.</p>
B-06	Activities planned for next reporting period		<p>Activities planned for the next reporting period are interviewing and filling vacant positions, starting the program with participant cohorts, and providing training on case management policies and procedures.</p>

ACF PERFORMANCE PROGRESS REPORT
Appendix B - Program Indicators
ACF-OGM-PPR
INSTRUCTIONS

Schedule

Submit the original progress report to the Office of Grants Management, Division of Discretionary Grants, and a copy to the Program Office. Reports are due 30 days after the end of the second and fourth quarters of the budget period (every six months).

A FINAL PROGRAM REPORT IS DUE 90 DAYS AFTER THE PROJECT PERIOD END DATE.

Item	Data Elements	Instructions
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30 and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
Program Indicators		
B-01(4)	Major activities and accomplishments during this period	Recommend use of project task charts from approved grant application and/or project work plan with this section. Describe any draft/final products in this section. Use additional pages if needed.
B-02(4)	Problems	Describe any deviations or departures from the original project plan including actual/anticipated slippage in task completion dates, and special problems encountered or expected. Use this report section to advise Project Officer and Grants Management Specialist of assistance needs. Use additional pages if needed.
B-03(4)	Significant findings and events	(To be noted by project officer, or reported to regions, States, other agencies, Program Director/Commissioner, Assistant Secretary, Secretary, etc.) Use additional pages if needed.
B-04(4)	Dissemination activities	Briefly describe project related inquiries and information dissemination activities carried out over the reporting period. Itemize and include a copy of any newspaper, newsletter, magazine articles or other published materials considered relevant to project activities, or used for project information or public relations purposes. Use additional pages if needed.
B-05(4)	Other Activities	Briefly describe. Use additional pages if needed.
B-06(4)	Activities planned for next reporting period	Briefly describe. Use additional pages if needed.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

OMB Approval Number: 0970-0406

Expiration Date: 11/30/2022

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



Award# 90ZJ0037-02-00

FAIN# 90ZJ0037

Federal Award Date: 06/28/2021

<p>Recipient Information</p> <p>1. Recipient Name SAN BERNARDINO, COUNTY OF 150 S Lena Rd San Bernardino, CA 92415-0515 909-383-2078</p> <p>2. Congressional District of Recipient 31</p> <p>3. Payment System Identifier (ID) 1956002748A1</p> <p>4. Employer Identification Number (EIN) 956002748</p> <p>5. Data Universal Numbering System (DUNS) 128518193</p> <p>6. Recipient's Unique Entity Identifier</p> <p>7. Project Director or Principal Investigator Mr. Phalos Haire Director phaire@psd.sbcounty.gov 9093832044</p> <p>8. Authorized Official Mr. Curt Hagman Chairman, County of San Bernardino Board of S Curt.Hagman@bos.sbcounty.gov (909) 387-4866</p> <p>Federal Agency Information ACF/OFA - Family Assistance Discretionary Grant Office</p> <p>9. Awarding Agency Contact Information Ruth Morris Grants Management Specialist ruth.morris@acf.hhs.gov 202-205-4783</p> <p>10. Program Official Contact Information Ms. Barbara Spoor Program Officer barbara.spoor@acf.hhs.gov 202-401-4724</p>	<p style="text-align: center;">Federal Award Information</p> <p>11. Award Number 90ZJ0037-02-00</p> <p>12. Unique Federal Award Identification Number (FAIN) 90ZJ0037</p> <p>13. Statutory Authority Section 403(a)(2) of SSA Act 42 U.S.C. § 603a2</p> <p>14. Federal Award Project Title Preschool Services Department Comprehensive Fatherhood Program</p> <p>15. Assistance Listing Number 93.086</p> <p>16. Assistance Listing Program Title Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)].</p> <p>17. Award Action Type Non-Competing Continuation</p> <p>18. Is the Award R&D? No</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Summary Federal Award Financial Information</p> <p>19. Budget Period Start Date 09/30/2021 - End Date 09/29/2022</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">20. Total Amount of Federal Funds Obligated by this Action</td> <td style="text-align: right;">\$993,019.00</td> </tr> <tr> <td> 20a. Direct Cost Amount</td> <td style="text-align: right;">\$993,019.00</td> </tr> <tr> <td> 20b. Indirect Cost Amount</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>21. Authorized Carryover</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>22. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td style="text-align: right;">\$993,019.00</td> </tr> <tr> <td colspan="2">26. Project Period Start Date 09/30/2020 - End Date 09/29/2025</td> </tr> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td> <td style="text-align: right;">Not Available</td> </tr> </table> </div> <p>28. Authorized Treatment of Program Income Additional Costs</p> <p>29. Grants Management Officer – Signature Jill Saletta Supervisory Grants Management Specialist</p>	20. Total Amount of Federal Funds Obligated by this Action	\$993,019.00	20a. Direct Cost Amount	\$993,019.00	20b. Indirect Cost Amount	\$0.00	21. Authorized Carryover	\$0.00	22. Offset	\$0.00	23. Total Amount of Federal Funds Obligated this budget period	\$0.00	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00	25. Total Federal and Non-Federal Approved this Budget Period	\$993,019.00	26. Project Period Start Date 09/30/2020 - End Date 09/29/2025		27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available
20. Total Amount of Federal Funds Obligated by this Action	\$993,019.00																				
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26. Project Period Start Date 09/30/2020 - End Date 09/29/2025																					
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available																				
<p>30. Remarks</p>																					

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: The Office of Family Assistance	2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 90ZJ0037-01-00	3a. AMEND. NO.: 0
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4. FAIN: 90ZJ0037

5. TYPE OF AWARD: Demonstration	6. TYPE OF ACTION: New	7. AWARD AUTHORITY: Section 403(a)(2) of SSA Act 42 U.S.C. § 603a2
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8. BUDGET PERIOD: 09/30/2020 THRU 09/29/2021	9. PROJECT PERIOD: 09/30/2020 THRU 09/29/2025	10. CFDA NO.: 93.086 - Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)].
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11. RECIPIENT ORGANIZATION: SAN BERNARDINO, COUNTY OF 150 S Lena Rd San Bernardino, CA 92415-0515 Grantee Authorizing Official: Curt Hagman , Chairman, County of San Bernardino Board of S	12. PROJECT / PROGRAM TITLE: Preschool Services Department Comprehensive Fatherhood Program
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13. COUNTY: San Bernardino	14. CONGR. DIST.: 31	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Phalos Haire Director
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16. APPROVED BUDGET:		17. AWARD COMPUTATION:	
Personnel.....	\$ 349,883.00	A. NON-FEDERAL SHARE.....	\$ 0.00 0%
Fringe Benefits.....	\$ 167,945.00	B. FEDERAL SHARE.....	\$ 993,019.00 100%
Travel.....	\$ 16,224.00	18. FEDERAL SHARE COMPUTATION:	
Equipment.....	\$ 84,438.00	A. TOTAL FEDERAL SHARE.....	\$ 993,019.00
Supplies.....	\$ 1,500.00	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 0.00
Contractual.....	\$ 80,000.00	C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$	0.00
Facilities/Construction.....	\$ 0.00	19. AMOUNT AWARDED THIS ACTION:	\$ 993,019.00
Other.....	\$ 293,029.00	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:	\$ 993,019.00
Direct Costs.....	\$ 993,019.00	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:	
Indirect Costs.....	\$ 0.00	Additional Costs	
In Kind Contributions.....	\$ 0.00	22. APPLICANT EIN:	23. PAYEE EIN:
Total Approved Budget.....	\$ 993,019.00	956002748	1956002748A1
		24. OBJECT CLASS:	41.45

25. FINANCIAL INFORMATION:				DUNS	128518193
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG. NONFED %
	90ZJ003701	75-20-1552	0-G996144	\$993,019.00	

26. REMARKS: (Continued on separate sheets)

27. SIGNATURE - ACF GRANTS OFFICER Jill Saletta 300 C Street, S.W. Washington, DC 20201 Phone: 202-401-9357	ISSUE DATE: 09/28/2020	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Ms. Margaret Perry Flippin 09/28/2020
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29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Susan Golonka - Deputy Director	DATE: 09/28/2020
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