



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: Renee Linares Telephone: 909-383-2064

Agreement No.: 23-1010 Amendment No.: _____ Date of Board Item 9/12/23 Board Item No.: 32



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 finding for the Fatherhood-Family-Focused, Interconnected, Resilient, and Essential (FIRE) program. PSD is requesting to change the current Authorized Official Representative (AOR) from Luther Snoke to Diana Alexander on the FIRE Grant. The grantor, the Office of Family Assistance requires PSD to submit a Cover Letter signed by the current AOR requesting the change in AOR, and the Application for Federal Assistance SF-424 signed by the incoming AOR to process the change. PSD is requesting the signature of the Chief Executive Officer (CEO) on the Cover Letter and the signature of the Assistant Executive Officer (AEO) on the SF-424 application.

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:
Reviewing County Counsel Use Only	Review Date <u>12/14/23</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>12/21/23</u>  _____ Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: <input type="checkbox"/> Chair <input checked="" type="checkbox"/> CEO <input type="checkbox"/> Department <input type="checkbox"/> Return to Department for preparation of agenda item



**Preschool Services Department
Administration**

Jacquelyn Greene
Director

December 21, 2023

Ruth Morris

Grants Management Specialist
Administration for Children and Families (ACF), DHHS
330 C Street, SW, Mary E. Switzer Building, 3221B
Washington, D.C. 20201

Subject: Request to Change Authorized Official Representative

San Bernardino County Preschool Services Department (PSD) is submitting a request to change the Authorized Official Representative (AOR) for the Fatherhood FIRE grant (Grant No. 90ZJ0037). PSD is requesting to change the AOR from Luther Snoke, Chief Executive Officer, per the following:

Diana Alexander
Assistant Executive Officer
Preschool Services Department
385 North Arrowhead Avenue
San Bernardino, CA 92415
(909) 387-4261
Diana.Alexander@cao.sbcounty.gov

The SF-424 is attached along with this cover letter for your review and approval. If you have questions concerning this request, please contact Jacquelyn Greene at 909-383-2025 or by email at Jacquelyn.Greene@psd.sbcounty.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Luther Snoke".

Luther Snoke
Chief Executive Officer

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
Vice Chairman, First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chair, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Fifth District

Luther Snoke
Chief Executive Officer

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): E: Other (specify) <input type="text"/> * Other (Specify): Change in AOR <input type="text"/>
* 3. Date Received: <input type="text" value="03/31/2023"/>	4. Applicant Identifier: <input type="text" value="90ZJ0037"/>	
5a. Federal Entity Identifier: <input type="text" value="90ZJ0037"/>	5b. Federal Award Identifier: <input type="text" value="90ZJ0037"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="San Bernardino County Board of Supervisors"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6002748"/>	* c. UEI: <input type="text" value="QQZWBL2LPC85"/>	
d. Address:		
* Street1: <input type="text" value="662 South Tippecanoe Avenue"/>	Street2: <input type="text"/>	
* City: <input type="text" value="San Bernardino"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="92415-0515"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Preschool Services"/>	Division Name: <input type="text" value="N/A"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Jacquelyn"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Greene"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Director"/>		
Organizational Affiliation: <input type="text" value="San Bernardino County"/>		
* Telephone Number: <input type="text" value="(909) 383-2005"/>	Fax Number: <input type="text" value="(909) 383-2080"/>	
* Email: <input type="text" value="Jacquelyn.Greene@psd.sbcounty.gov"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Administration for Children and Families

11. Catalog of Federal Domestic Assistance Number:

93-086

CFDA Title:

Section 403 (a) (2) of the Social Security Act [42 U.S.C. § 603(a)(2)]

*** 12. Funding Opportunity Number:**

HHS-2020-ACF-OFA-ZJ-1846

* Title:

Fatherhood-Family-Focused, Interconnected, Resilient, and Essential Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

SF-424 Attachment #14.docx

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Preschool Services Department Comprehensive Fatherhood Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="0.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="0.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

SF-424 Item #14

Areas affected by Project

- 1. Congressional Districts of**
 - a. CA-8**
 - b. CA-31**
 - c. CA-35**
 - d. CA-39**

SF-424 Item #16

Areas affected by Project

- 1. Congressional Districts of**
 - a. CA-8**
 - b. CA-31**
 - c. CA-35**
 - d. CA-39**