

Department/Agency/Entity: Preschool Services

Contact Name: Renee Linares

## 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 <u>prior to signature</u> 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.

23-1010 Amendment No.: Date of Board Item

Telephone: 909-383-2064

Board Item No.:

32

9/12/23

Name of Contract Entity	y/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 t	the following required documents are attached	I to this request:		
<ul> <li>Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).</li> <li>Board Agenda item that delegated the authority</li> </ul>				
Department Routed to County Counsel	County Counsel Name: Adam Ebright	Date Sent:		
Reviewing County Counsel Use Only	Review Date 12/14/23 Signature	Determination: Within Scope of Delegated Authority Outside Scope of Delegated Authority		
CAO-Special Projects Use Only	Review Date 12/21/23 Signature	Disposition:		



# **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,

Luther Snoke

Chief Executive Officer

OMB Number: 4040-0004 Expiration Date: 11/30/2025

Application for Federal Assistance SF-424				
* 1. Type of Submission:  Preapplication  Application  Changed/Corrected Application  * 2. Type of Application:  New  Continuation  Revision	* If Revision, select appropriate letter(s):  E: Other (specify)  * Other (Specify):  Change in AOR			
* 3. Date Received:  03/31/2023  4. Applicant Identifier: 90ZJ0037				
5a. Federal Entity Identifier: 90zJ0037	5b. Federal Award Identifier:  902J0037			
State Use Only:				
6. Date Received by State: 7. State Application Identifier:				
8. APPLICANT INFORMATION:				
*a. Legal Name: San Bernardino County Board of Supe	ervisors			
* b. Employer/Taxpayer Identification Number (EIN/TIN):  95-6002748	* C. UEI: QQZWBL2LPC85			
d. Address:				
* Street1: 662 South Tippecanoe Avenue  Street2:  * City: San Bernardino				
County/Parish:				
* State: CA: California				
Province:				
* Country: USA: UNITED STATES				
* Zip / Postal Code: 92415-0515				
e. Organizational Unit:				
Department Name:	Division Name:			
Preschool Services	N/A			
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Ms. * First Nar	me: Jacquelyn			
Middle Name:				
* Last Name: Greene				
Suffix:				
Title: Director				
Organizational Affiliation:				
San Bernardino County				
*Telephone Number: (909) 383-2005 Fax Number: (909) 383-2080				
*Email: 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			
* 15. Descriptive Title of Applicant's Project:  Preschool Services Department Comprehensive Fatherhood Program			
resonour services separament comprehensive ruthermood ringram			
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 Sex—624 A Tacknewn th II (f. doors)  Add Attachment Delete Attachment View Attachment  17. Proposed Project:  * a. Start Date:  50 / 300 / 2023  * b. End Date:  50 / 300 / 2023  * b. End Date:  50 / 300 / 2023  * b. End Date:  50 / 300 / 2024  18. Estimated Funding (5):  * a. Faderal  • d. Local  • d. Local  • d. Local  • d. Program income  † 7. TOTAL  • 0. There  • 1. Program income  † 7. TOTAL  • 0. There  • 1. Program in subject to Review By State Under the Executive Order 12372 Process?  • 3. This application was made available to the State under the Executive Order 12372 Process  † 3. This Application Subject to Review By State Under the Executive Order 12372 Process  • 3. No Program is not covered by E. O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment)  View Attachment  * 21. **Gy signing this application, i certify (1) to the settlements contained in the list of certifications** and (2) that the attachment only with any resulting term if it accept an award. I am aware that any false, includious, or fraudulent statements or claims may subject the to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  * 1 AGREE  * The list of certifications and assurances, or an internet sile where you may cotain this list, is contained in the announcement or agency specific instructions.  * West officialized and assurances, or an internet sile where you may cotain this list, is contained in the announcement or agency specific instructions.  * Subject of Authorized Representative:  * The list of certifications and assurances, or an internet sile where you may cotain this list, is contained in the announcement or agency specific instructions.  * Print Name:  * The list of certifications and assurances, or an internet sile where you may cotain this list, is contained in the announcement or agency specific instruction.  * The list of certificati				
*a. Applicant Cn31	Application for Federal Assistance SF-424			
Attach an additional list of Program/Project Congressional Districts if needed.    SF-424 Attachment	16. Congressional Districts Of:			
SP-424 Attachment #16. docx	* a. Applicant CA-31 * b. Program/Project CA-31			
17. Proposed Project:  *a. Start Date   09/30/2023	Attach an additional list of Program/Project Congressional Districts if needed.			
*s. Start Date: 09/30/2023 *b. End Date: 05/23/2024  18. Estimated Funding (\$):  *a. Federal	SF-424 Attachment #16.docx Add Attachment Delete Attachment View Attachment			
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*a. Federal 0.00  b. Applicant 4.  c. State 4.  d. Local 9.  *1. Program Income 9.  g. TOTAL 0.00  *19. Is Application Subject to Review By State Under Executive Order 12372 Process? 9.  a. This application subject to Review By State Under Executive Order 12372 Process for review on 9.  b. Program is subject to E.O. 12372 but has not been selected by the State for review. 9.  c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) 9.  If "Yes", provide explanation and attach 19.  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, compilet 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:  **Instruction*  **First Name:    Diana	* a. Start Date: 09/30/2023 * b. End Date: 09/29/2024			
**D. Applicant  **c. State  **d. Local  **e. Other  **f. Program income  **f. Program income  **g. TOTAL  **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	18. Estimated Funding (\$):			
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Prefix: Ms. *First Name: Diana  Middle Name:  *Last Name: Alexander  Suffix:   *Title: Assistant Executive Officer  *Telephone Number: (909) 387-4261 Fax Number: 909-383-2080  *Email: Diana.Alexander@cao.sbcounty.gov	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency			
Middle Name:  * Last Name: Alexander  Suffix:  * Title: Assistant Executive Officer  * Telephone Number: (909) 387-4261 Fax Number: 909-383-2080  * Email: Diana.Alexander@cao.sbcounty.gov	Authorized Representative:			
* Last Name: Alexander  Suffix:  * Title: Assistant Executive Officer  * Telephone Number: (909) 387-4261 Fax Number: 909-383-2080  * Email: Diana.Alexander@cao.sbcounty.gov	Prefix: Ms. * First Name: Diana			
*Title: Assistant Executive Officer  *Telephone Number: (909) 387-4261 Fax Number: 909-383-2080  *Email: Diana.Alexander@cao.sbcounty.gov	Middle Name:			
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* Email: Diana.Alexander@cao.sbcounty.gov	*Title: Assistant Executive Officer			
	* Telephone Number: (909) 387-4261 Fax Number: 909-383-2080			
* Signature of Authorized Representative: * Date Signed: 12/11/13	*Email: Diana.Alexander@cao.sbcounty.gov			

### 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