



**Preschool Services Department
Administration**

Jacquelyn Greene
Interim Director

September 21, 2021

RUTH MORRIS, GRANTS MANAGEMENT SPECIALIST

Division of Innovation & Improvement Assistance
Office of Grants Management, OA
Administration for Children and Families (ACF), DHHS
330 C Street, SW, Mary E. Switzer Building, 3221 B, Washington D.C. 20201

SUBJECT: AWARD NO. 90ZJ0037-01: TRANSFER OF FUNDS FROM SALARIES & FRINGE BENEFITS TO CONTRACTUAL AND OTHER BUDGET CATEGORIES

Ms. Morris,

San Bernardino County Preschool Services Department (PSD) is requesting approval to revise the Comprehensive Fatherhood Program budget (Award No. 90ZJ0037-01) for the current period (9/30/2020 through 9/29/2021). PSD was awarded this grant on September 28, 2020. PSD has identified savings from Salaries and Fringe Benefits as recruiting unfilled positions took longer than anticipated under COVID – 19 pandemic conditions. We are requesting to transfer these savings to the budget categories of Contractual and Other. The summary of the budget transfer is as follows:

Comprehensive Fatherhood Program- CAN # 0-G996144

GABI Codes	Budget Categories	Current Amount	Transfer Out	Transfer In	Revised Amount
A	Salaries	349,883	(293,509)		56,374
B	Fringe Benefits	167,945	(143,498)		24,447
F	Contractual	80,000		120,000	200,000
H	Other	377,467		317,007	694,474
	Total	\$975,295	\$(437,007)	\$437,007	\$975,295

The increase of \$120,000 in the Contractual category will fund training for both staff and fathers provided by approved contractors. The increase of \$317,007 in the Other category will fund Fatherhood FLAME events, program recruitment and marketing, training, workshops, and job fair events. Approval of this request will decrease the Salaries and Fringe Benefits categories by \$293,509 and \$143,498 respectively.

Should you need further information about this request, kindly contact Jacquelyn Greene, Interim Director, at (909) 383-2005 (email: jgreen@psd.sbcounty.gov); or Madeline Tsang, Administrative Manager, at (909) 383-2044 (email: madeline.tsang@psd.sbcounty.gov).

Sincerely,

CURT HAGMAN, CHAIRMAN
San Bernardino County Board of Supervisors

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.) First District | JANICE RUTHERFORD Second District | DAWN ROWE Vice Chair, Third District | CURT HAGMAN Chairman, Fourth District | JOE BACA, JR. Fifth District

Leonard X. Hernandez
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) _____ * Other (Specify): Budget Category _____
* 3. Date Received: _____	4. Applicant Identifier: 90ZJ0037	
5a. Federal Entity Identifier: 90ZJ0037	5b. Federal Award Identifier: 90ZJ0037	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: San Bernardino County Board of Supervisors		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002748	* c. UEI: QQZWBL2LPC85	
d. Address:		
* Street1: 662 S. 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: Preschool Services	Division Name: N/A	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.	* First Name: Jacquelyn	Middle Name: _____
* Last Name: Greene	Suffix: _____	
Title: Interim Director		
Organizational Affiliation: _____		
* Telephone Number: 909-383-2005	Fax Number: 909-383-2080	
* Email: jgreen@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:

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

*** 12. Funding Opportunity Number:**

* Title:

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:**

Fatherhood-Family-Focused, Interconnected, Resilient, and Essential 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="437,007.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="437,007.00"/>

*** 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 218, 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**



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 Department

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

Agreement No.: _____ Amendment No.: _____ Date of Board Item 11/17/20 Board Item No.: 51

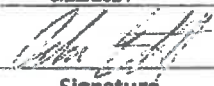
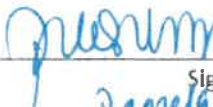
Name of Contract Entity/Project Name: Dept. of Health and Human Services. Administration for Children and Families

Explanation of request/Special Instructions:

The Department of Health and Human Services, Administration for Children and Families awarded the Preschool Services Department (PSD) grant funding for the Comprehensive Fatherhood Program in the amount of \$993,019 for the period of September 30, 2020 through September 29, 2021. PSD is moving funding between budget categories and will need to submit a budget transfer cover letter and an Application for Federal Assistance SF-424 form to request the budget transfer. PSD is requesting the signature of the Board of Supervisors Chairman on the cover letter and 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: 9/21/21
Reviewing County Counsel Use Only	Review Date <u>9/22/2021</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>9/27/2021</u>  Signature <u>Pamela Williams</u>	Disposition: <input checked="" 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