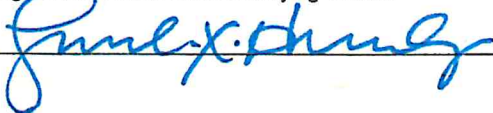


**ACF PERFORMANCE PROGRESS REPORT  
ACF-OGM-PPRCoverPage**

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 <b>The Office of Family Assistance</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency <b>90ZJ0037</b>	
		3a. DUNS Number <b>128518193</b>	
		3b. EIN <b>956002748</b>	
4. Recipient Organization (Name and complete address including zip code) <b>SAN BERNARDINO, COUNTY OF 150 S. Lena Road San Bernardino, CA 92415-0515</b>		5. Recipient Identifying Number or Account Number <b>7511P</b>	
6. Project/Grant Period Start Date: (Month, Day, Year) <b>09/30/2020</b> End Date: (Month, Day, Year) <b>09/29/2025</b>		7. Reporting Period End Date (Month, Day, Year) <b>6/30/2022</b>	
		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)	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) <b>Please see the attached performance narrative.</b>			
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 <b>Leonard Hernandez, Chief Executive Officer, San Bernardino County</b>		11c. Telephone (area code and number) extension <b>909-387-5418</b>	
		11d. Email Address <b>Leonard.Hernandez@cao.sbcounty.gov</b>	
11b. Signature of Authorized Certifying Official 		11e. Date Report Submitted (Month, Day, Year)	
		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.	<b>Awarding Federal Agency and Organizational Element to Which Report is Submitted</b>	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.	<b>Federal Grant or Other Identifying Number Assigned by the awarding Federal agency</b>	Enter the grant/award number contained in the award document.
3a.	<b>DUNS Number</b>	Enter the recipient organization's Data Universal Numbering System (DUNS) number or System for Award Management (SAM) extended DUNS Number.
3b.	<b>EIN</b>	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.
4.	<b>Recipient Organization</b>	Enter the name of recipient organization and address, including zip code.
5.	<b>Recipient Account Number or Account Number</b>	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.	<b>Project/Grant Period</b>	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.	<b>Reporting Period End Date</b>	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.	<b>Final Report</b>	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	<b>Report or Frequency</b>	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.	<b>Performance Narrative</b>	<b>Leave blank and complete Form ACF-OGM SF PPR Attachment B</b>

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

**PPR-OGM-B**

Page <b>2</b>	of Pages <b>3</b>
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<b>1. Federal Agency and Organization Element to Which Report is Submitted</b> The Office of Family Assistance	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> 90ZJ0037	<b>3a. DUNS</b> 128518193  <b>3b. EIN</b> 956002748	<b>4. Reporting Period End Date (MM/DD/YYYY)</b> 06/30/2022
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Program Indicators

(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation
B-01	Major activities and accomplishments during this period		2 cohorts in April 2022, with a total of 18 participants for the reporting period. MOU completed with Transitional Assistance Department to start apprentice pathways which will allow for retraining of COVID displaced caregivers. MOU with Department of Child Support Services in review stages for completion terms have been agreed on waiting for the document to be completed this will allow for Fathers working with our program to receive consideration on potentially placing sanctions on hold.
B-02	Problems		Recruitment of staff continues to be an issue that the agency is working through. We have done considerable outreach and have had some moderate success. However, there are still a considerable number of positions open that are being filled by temporary staff. Staff turnover has had an impact on project progress.
B-03	Significant findings and events		Began to receive support from ACF with connection to T/TA resources and have conducted initial meetings to improve recruitment and retention of program attendees. T/TA is providing a plan of action at subsequent meetings. Initial meetings have been scheduled with the assistance of ACF as well as requests for a meeting with Mathematica to get Nform training for FIRE staff. Team is attending T/TA test kitchen nuggets to network and collaborate with our grantees.

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

B-04	<b>Dissemination activities</b>		<p>Program staff have been attending recruitment events weekly. This effort has resulted in creating a list of interested parents that case managers are working through to enroll in the FIRE program. Staff attended county sponsored expungement clinics, Partnered with Department of Child Support Services in co-sponsoring a recruitment and information table at a local Minor League Baseball game.</p>
B-05	<b>Other Activities</b>		<p>PSD was involved in the Inland Empire Fatherhood Summit conference in 6/2020 The department was part of the planning phase to ensure optimum opportunity for outreach to parents and community partners. In addition, we participated as a vendor as well as the planning and implementation stages and assisted with presentations and marketing.</p>
B-06	<b>Activities planned for next reporting period</b>		<p>3 program staff that were pending hire in this quarter all declined offers for other positions that offered a higher rate of pay. Facilitator training was completed for all staff expanding our pool of facilitators. The agency has continued recruitment efforts for staff at job fairs, through our county HR website. In addition, the Department is looking to evaluate and making changes to the minimum qualifications to potentially attract a broader and larger pool of applicants in hopes to fill vacancies.</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	<b>Awarding Federal agency and Organizational Element to Which Report is Submitted</b>	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	<b>Federal Grant or Other Identifying Number Assigned by the awarding Federal agency</b>	Enter the grant/award number contained in the award document.
3a	<b>DUNS Number</b>	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	<b>EIN</b>	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	<b>Reporting Period End Date</b>	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.
<b>Program Indicators</b>		
B-01(4)	<b>Major activities and accomplishments during this period</b>	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)	<b>Problems</b>	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)	<b>Significant findings and events</b>	(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)	<b>Dissemination activities</b>	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)	<b>Other Activities</b>	Briefly describe. Use additional pages if needed.
B-06(4)	<b>Activities planned for next reporting period</b>	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

Recipient Information	Federal Award Information
<p><b>1. Recipient Name</b> SAN BERNARDINO COUNTY OF 150 S Lema Rd San Bernardino, CA 92415-0515 909-383-2028</p> <p><b>2. Congressional District of Recipient</b> 31</p> <p><b>3. Payment System Identifier (ID)</b> 1956002748A1</p> <p><b>4. Employer Identification Number (EIN)</b> 956002748</p> <p><b>5. Data Universal Numbering System (DUNS)</b> 128518193</p> <p><b>6. Recipient's Unique Entity Identifier</b></p> <p><b>7. Project Director or Principal Investigator</b> Mr. Phalov Haire Director phaire@psd.sbcounty.gov 9093832044</p> <p><b>8. Authorized Official</b> Mr. Curt Hagman Chairman, County of San Bernardino Board of S Curt.Hagman@bos.sbcounty.gov (909) 387-4866</p>	<p><b>11. Award Number</b> 90ZJ0037-02-00</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b> 90ZJ0037</p> <p><b>13. Statutory Authority</b> Section 403(a)(2) of SSA Act 42 U.S.C. § 603a2</p> <p><b>14. Federal Award Project Title</b> Preschool Services Department Comprehensive Fatherhood Program</p> <p><b>15. Assistance Listing Number</b> 93.086</p> <p><b>16. Assistance Listing Program Title</b> Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)]</p> <p><b>17. Award Action Type</b> Non-Competing Continuation</p> <p><b>18. Is the Award R&amp;D?</b> No</p>
<p><b>Federal Agency Information</b> ACT/OFA - Family Assistance Discretionary Grant Office</p> <p><b>9. Awarding Agency Contact Information</b> Ruth Morris Grants Management Specialist ruth.morris@acf.hhs.gov 202-205-4783</p> <p><b>10. Program Official Contact Information</b> Ms. Barbara Spoor Program Officer barbara.spoor@acf.hhs.gov 202-401-4724</p>	<p><b>Summary Federal Award Financial Information</b></p> <p><b>19. Budget Period Start Date</b> 06/30/2021 - <b>End Date</b> 09/30/2022</p> <p><b>20. Total Amount of Federal Funds Obligated by this Action</b> \$993,019.00</p> <p>20a. Direct Cost Amount \$993,019.00</p> <p>20b. Indirect Cost Amount \$0.00</p> <p>21. Authorized Carryover \$0.00</p> <p>22. Offset \$0.00</p> <p>23. Total Amount of Federal Funds Obligated this budget period \$0.00</p> <p>24. Total Approved Cost Sharing or Matching, where applicable \$0.00</p> <p>25. Total Federal and Non-Federal Approved this Budget Period \$993,019.00</p> <p><b>26. Project Period Start Date</b> 06/30/2021 - <b>End Date</b> 09/30/2022</p> <p>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period Not Available</p> <p><b>28. Authorized Treatment of Program Income</b> Additional Costs</p> <p><b>29. Grants Management Officer – Signature</b> Jill Saletta Supervisory Grants Management Specialist</p>
<p><b>30. Remarks</b></p>	



## 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

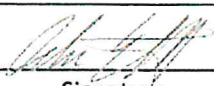

Name of Contract Entity/Project Name: Dept. of Health and Human Services, Administration for Children and Families

**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 Leonard X. Hernandez, Chief Executive Officer on the 3rd quarter Performance Progress Report for grant period September 30, 2021 through September 29, 2022. Leonard X. Hernandez 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

<b>Department Routed to County Counsel</b>	County Counsel Name: Adam Ebright	Date Sent: <u>7/27/22</u>
<b>Reviewing County Counsel Use Only</b>	Review Date <u>7/28/22</u>   Signature	<b>Determination:</b> <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
<b>CAO-Special Projects Use Only</b>	Review Date <u>8/8/2022</u>   Signature <u>Pamela Williams.</u>	<b>Disposition:</b> <input checked="" type="checkbox"/> Route for signature to: ____ Chair <input checked="" type="checkbox"/> CEO ____ Department <input type="checkbox"/> Return to Department for preparation of agenda item