



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: Depart. 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. PSD is requesting to change the Project Investigator/Project Director (PI/PD) from Phalos Haire to Jacquelyn Greene on the FIRE grant. The grantor, the Office of Family Assistance, requires PSD to submit a Cover Letter signed by the current Authorized Organizational Representative (AOR) requesting the change in PI/PD and the Application for Federal Assistance SF-424 to process the change. PSD is requesting the signature of the Board of Supervisors Chairman on the Cover Letter and 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: 9/7/21 |
| Reviewing County Counsel Use Only | Review Date <u>9/8/21</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 _____  _____ Signature | 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 |



Preschool Services Department Administration

Jacquelyn Greene
Interim Director

September 7, 2021

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 the Project Investigator / Project Director

San Bernardino County Preschool Services Department (PSD) is submitting a request to change the Project Investigator/Project Director (PI/PD) for the Fatherhood FIRE grant (Grant No. 90ZJ0037). PSD is requesting to change the PI/PD from Phalos Haire to the following:

Jacquelyn Greene
Interim Director
Preschool Services Department
662 S. Tippecanoe Avenue
San Bernardino, CA 92415-0515
(909) 383-2005
jgreen@psd.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 Cheryl Adams at 909-383-2017 or by email at Cheryl.Adams@psd.sbcounty.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Curt Hagman", written over a horizontal line.

Curt Hagman
Authorized Organizational Representative

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): Change in PI/PD _____ | | |
| * 3. Date Received: 09/28/2020 | | 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="0.00"/> |
| * 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="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 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: