



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 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:

Preschool Services Department (PSD) received grant funding for the Fatherhood-Family-Focused, Interconnected, Resilient, and Essential (FIRE) program for the 2020-21 grant period. The grantor, the Office of Family Assistance, requires PSD to submit a Performance Progress Report as a grantee. PSD is requesting the signature of the Board of Supervisors Chairman on the Performance Progress Report as the Chairman is the Authorized Certifying Official for the Fatherhood FIRE grant. This is the final progress report for grant period 2020-21.

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: 12/7/21
Reviewing County Counsel Use Only	Review Date <u>12/15/2021</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>12/20/2021</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

**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.	Awarding Federal Agency and Organizational Element to Which Report is Submitted	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.	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a.	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or System for Award Management (SAM) extended DUNS Number.
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.
4.	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5.	Recipient Account Number or Account Number	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.	Project/Grant Period	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.	Reporting Period End Date	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.	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9.	Report or Frequency	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.	Performance Narrative	Leave blank and complete Form ACF-OGM SF PPR Attachment B

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 <div style="border: 1px solid black; padding: 2px;">The Office of Family Assistance</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency <div style="border: 1px solid black; padding: 2px;">90ZJ0037</div>	
		3a. DUNS Number <div style="border: 1px solid black; padding: 2px;">128518193</div>	
		3b. EIN <div style="border: 1px solid black; padding: 2px;">956002748</div>	
4. Recipient Organization (Name and complete address including zip code) <div style="border: 1px solid black; padding: 2px;">SAN BERNARDINO, COUNTY OF 150 S. Lena Road San Bernardino, CA 92415-0515</div>		5. Recipient Identifying Number or Account Number <div style="border: 1px solid black; padding: 2px;">7511P</div>	
6. Project/Grant Period Start Date: (Month, Day, Year) <div style="border: 1px solid black; padding: 2px;">09/30/2020</div> End Date: (Month, Day, Year) <div style="border: 1px solid black; padding: 2px;">09/29/2025</div>		7. Reporting Period End Date (Month, Day, Year) <div style="border: 1px solid black; padding: 2px;">09/29/2021</div>	
		8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		9. Report Frequency <input checked="" type="checkbox"/> annual <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annual <input type="checkbox"/> other (if other, describe) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) <div style="border: 1px solid black; padding: 10px; min-height: 150px;">Please see the attached performance narrative.</div>			
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 <div style="border: 1px solid black; padding: 2px;">Curt Hagman, Chairman of the Board of Supervisors, Fourth District Supervisor County of San Bernardino Board of Supervisors</div>		11c. Telephone (area code and number) extension <div style="border: 1px solid black; padding: 2px;">909-387-4866</div>	
		11d. Email Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
11b. Signature of Authorized Certifying Official <div style="border: 1px solid black; padding: 2px;"></div>		11e. Date Report Submitted (Month, Day, Year) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		12. Agency use only <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

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

		Page	2	of Pages	3
1. Federal Agency and Organization Element to Which Report Is Submitted <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> The Office of Family Assistance </div>	2. Federal Grantor Other Identifying Number Assigned by Federal Agency <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> 90ZJ0037 </div>	3a. DUNS <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> 128518193 </div> 3b. EIN <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> 956002748 </div>	4. Reporting Period End Date (MM/DD/YYYY) <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> 9/29/2021 </div>		
Program Indicators					
(1) Item	(2) Activity Description	(3) Indicator	(4) Explanation		
B-01	Major activities and accomplishments during this period		Preschool Services has provided services to a total of 30 participants across 4 cohorts. All participants have engage in both case management and parenting classes and have been given materials to support parent/child engagement, such as interactive toys or parenting focused literature. All parents who were interested received laptops to engage in web-based learning. PSD has executed MOUs with 3 county departments (Department of Behavioral Health, Workforce Development, Children and Family Services) to support career development, stable family systems, and effective parenting.		
B-02	Problems		Due to the 13 week schedule of the Nurturing Fathers curriculum, though all cohorts have started parenting classes, none have completed parenting classes. Scheduling has been difficult as fathers have gained employment and availability has changed. We continue to experience recruitment issues due to lack of face to face recruitment opportunities and have partnered with other agencies to increase our visibility.		
B-03	Significant findings and events		PSD has found that due to emerging employment patterns with our participants (late night, early morning), it has become increasingly difficult to maintain cohorts larger than about 5-6. This has required an increase in make up sessions. Additionally, across the department, there has been a slowing of job applications for all positions, leading to fewer applicants being offered jobs. We have not hosted any major events during this time period.		

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

B-04	Dissemination activities		PSD has participated in Advisory Meetings for the County Fatherhood Involvement Coalition, Foster Care Advisory Council, IECHI Mental Health Task Force to complete presentations regarding eligibility and program scope for Fatherhood FIRE. We anticipate an increase in interdepartmental referrals due to these efforts. We have also increased social media presence related to Fatherhood FIRE
B-05	Other Activities		Planning for FLAME event to be held in November 2021. Recruitment of local Fatherhood Engagement stakeholders in an effort to increase training and education offered for participants around such topics as self care, parenting, household management, and mental health support
B-06	Activities planned for next reporting period		PSD is planning to host a Fatherhood FLAME event on 11/18/21, bringing together program participants and community agencies providing fatherhood engagement activities.

OMB NO: 0970-0406

EXPIRATION DATE: 11/30/2022

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.

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3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Reporting Period End Date	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.
Program Indicators		
B-01(4)	Major activities and accomplishments during this period	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)	Problems	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)	Significant findings and events	(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)	Dissemination activities	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)	Other Activities	Briefly describe. Use additional pages if needed.
B-06(4)	Activities planned for next reporting period	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.