

newtonent/Agency/Entity

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.

Dehartment/wgency/Er	itity. 0-13207F1ESCHOOFSELVICES DEPARTMENT			
Contact Name: Mart	ha Garcia	Telephone:	(909) 383-2036	
Agreement No.: 20-	1144 Amendment No.: Date of Board Iten	11/17/20	Board Item No.:	51
Name of Contract Entity	//Project Name: Dept. of Health and Human Service	es. Administra	tion for Children and Fa	milies
Department (PSD) gra September 30, 2020 the second grant year for recruiting the additional other program sur Chairman on the SF-42 Insert check mark that Documents procontracts not sur	Special Instructions: ealth and Human Services, Administration for Children int funding for the Comprehensive Fatherhood Progra arough September 29, 2021. PSD is requesting approva 2021-22. The carryover amount is \$645,207. This car tional participants, as well as hire additional staff for out opport for enrolled fathers and father figures. PSD is reque 4 & SF424B Forms, and the cover letter. the following required documents are attached to this posed for signature (Note: For contracts, include a bmitted on a standard contract form). em that delegated the authority	m in the amound in to carryover for the ryover request intreach, case making the signals request:	nt of \$993,019 for the punds from grant year 20 is to support outreach anagement, training, wo ture of the Board of Su	period of 020-21 to activities orkshops pervisors
Department Routed to County Counsel	County Counsel Name: Adam Ebright	Date Sent: 12/14/21		
Reviewing County Counsel Use Only	Review Date 12/29/21 Signature	Determinatio X Within So	n: cope of Delegated Auth Geope of Delegated Auth	
CAO-Special Projects Use Only	Review Date 1 / (2022	-	nairCEODepart Department for prepara	

OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application	for Federal Assista	ınce SI	F-424			
* 1. Type of Sub	mission:	* 2. Typ	oe of Application:	* If	Revision, select appropriate letter(s):	
Preapplica	ation	N	ew		A: Increase Award	
Application	n	<u> </u> □ □	ontinuation	٠0	ther (Specify):	
Changed/0	Corrected Application	⊠ R	evision			
* 3. Date Receiv	red:	4. Appli	icant identifier:			
09/30/2021		902J0	037			
5a. Federal Entit	ly Identifier:			I	5b. Federal Award Identifier:	
90250037					902J0037	
State Use Only	;					
6. Date Received	d by State:		7. State Application	ide	ntifler:	
8. APPLICANT	INFORMATION:					
* a. Legal Name:	San Bernardino	County	Board of Super	vi	sors	
* b. Employer/Ta	xpayer identification Nun	nber (EIN	i/TiN):	ŀ	c. UEI:	
95-6002748					QQZWBL2LPC85	
d. Address:						
* Street1:	662 S. Tippeca	anoe A	venue	Ī		
Street2:				_		
* City:	San Bernardin	0				
County/Parish:						
* State:	CA: California	a				
Province:						
* Country:	USA: UNITED ST	rates				
* Zip / Postal Cod	le: 92415-0515					
e. Organization	al Unit:					
Department Nam	e:			٥	livision Name:	
Preschool Se	rvices			N	I/A	
f. Name and cor	ntact information of pe	rson to	be contacted on ma	tte	rs involving this application:	
Prefix:	Mrs.]	* First Name	:	Jacquelyn	$\overline{}$
Middle Name:		-				L
* Last Name:	Freene			_		7
Suffix:					***	
Title: Directo	E		-Marky-1 warmen armenink for the second			
Organizational Af	filiation:					
Name of the last o						
* Telephone Num	ber: 909-383-2005				Fax Number: 909-383-2080	Ī
* Email: jgree	n@psd.sbcounty.go	v			- AND SEC	

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. 5 603(a)(2)]
* 12. Funding Opportunity Number:
* Title:
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Countles, States, etc.):
SF-424 Attachment #14.docx Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Preschool Services Department Comprehensive Fatherhood 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	CA-	-31				* b. Pro	gram/Proj	ect CA-31	Partition of the second of the	
Attach an addi	tional list	of Program/Projec	t Congressional Distric	ts if neede	d.	PO-848-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-				
SF-424 Att	achmen	t #16.docx		Add At	ttachmen	Delete	Attachme	ent Vie	w Attachment	
17. Proposed	Project	:								
* a. Start Date:	09/3	0/2021				•	b. End De	ate: 09/29	/2022	
16. Estimated	l Fundin	g (\$):								
* a. Federal			645,207.00							
* b. Applicant										
* c. State			0.00							
* d. Local			0.00							
e. Other			0.00							
* f. Program In	come		0.00							
*g. TOTAL			645,207.00							
a. This ap b. Program	* 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 Ap	pilcant	Delinquent On Ai	y Federal Debt? (if	"Yes," pr	ovide ex	planation in a	tachmen	L)		
Yes	×Ι	No								
If "Yes", provid	đe expla	nation and attach								
				Add Att	tachment	Delete /	Attachme	nt Vie	w Attachment	
herein are tru comply with a subject me to	ie, comp iny resul crimina E ertificatio	plete and accura iting terms if I ac I, civil, or admini	fy (1) to the statem te to the best of m cept an award. I am strative penalties. (L s, or an internet site	ly knowie aware tha J.S. Code,	dge. I al it any fals , Title 218	so provide the fictitious, of the fictitious, of the fiction is a section in the fiction in the fiction in the fiction is a section in the fiction in the fiction in the fiction in the fiction is a section in the fiction in the fict	ie require or fraudul 1)	ed assurancent stateme	ces** and agrae ents or claims m	to aay
Authorized Re	present	ative:								
Prefix:	Mr.		* Firs	t Name:	Curt					
Middle Name:			A STATE OF THE STA							
* Last Name:	Hagmar	1								
Suffix:										
* Title: Ci	Title: Chairman of S.B. County Board of Supervisors									
* Telephone Nu	mber: g	09-383-2005				Fax Number:	909-383	-2080		
* Email: curt	Email: curt.hagman@bos.sbcounty.gov									
* Signature of A	Signature of Authorized Representative: * Date Signed: 1-23									

T

OMB Number: 4040-0007 Expiration Date: 02/28/2022

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE:

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation

- Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended. relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (Identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits In accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
1111	Chairman, Board of Supervisors
APPLICANT ORGANIZATION	DATE SUBMITTED
San Bernardino County	1-07-2-2

Standard Form 424B (Rev. 7-97) Back

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Applications

Grants - Online Data Collection

Help/Suppon 😽

SF-424A

OMB Number 4040-0006 Expiration Date 02/29/2022

BUDGET INFORMATION - NON CONSTRUCTION PROGRAMS

* Indicatos a required field.

Organization Name SAN BERNARDING, COUNTY OF Application Number (To be assigned)

Project Title Preschool Services Department Comprehensive Fatherhood Program

Sudget Period Start Date # 09/30/2020 End Date # 09/29/2022

Project Period 09/30/2020 to 09/29/2025

4944 Instructions

				SASA POSTERIORS					
S	sction A Budget Summary								
	Grant Program Function C: or Activity (a)	alaiog of Faderal Dome: Assistance Number (h)	Fe	etimeted Unobilg derai	Non Federat	P	ederat	Revised Budget Hon Federal	Tetal
1.		.086 - Healthy Marriago a	in ♥ 5,	(e) 791985,47 s	(d) 0.0	0, 8	645207.00	s (9	.90 \$645,207.00
2.	ZJ - Responsible Plo Fatherhood General	pase select a CFDA	v * \$	0.00	0.0	0i \$i	0.00	s g	50.00
3.	ZJ - Responsible Fatherhood General	ese seleci a CFQA	→ s	0.00 S	0.0	9 \$	0.00	ş ğ	.00 \$0.00
4.	ZJ - Responsible Patterhood General	ase select a CFDA	∨ s	0.00	0,0	9 \$	0.00	S S	go: \$0.00
5.	TOTALS (sum of lines 1-4)			\$791,985,47	\$0.0	0	\$645,207.00	\$0	.00 \$645,207.00
Se	ction B Budget Categories								
,	6. Object Class Categories	(1) ZJ - Respons Fatherh Gener	(2) sibte pod	T PROGRAM, FU 2J - Responsible Fatherhood General	(3) Z Respi Faths	WITY J - cresible whood neral	(4) Z.) Resper Father Gene	nsible hood	Total (5)
	(a) Personnel		993.00 \$	0,00	5	0.00	\$	0.90	\$195,003.00
	(b) Fringe Benefits	936	\$01.00	0.00	8	0.00	\$	0.00	\$93,601.00
	(c) Travel	\$ 162	24.00 \$	6.00	S	0.00	\$	0.00	\$16,224.00
	(d) Equipment	\$	0.00	0.00:	\$	0.00	\$	9.001	\$0.00
	(e) Supplies	\$ 9	98,00	0.00	\$	0.00	\$	0.00	\$998,00
	(f) Contractual	s 250	00.001 s	0.00	6 ,	0.00	5 ,	0.00	\$25,000.00
	(g) Construction	S	0.00	0.00	\$	0.00	5	0.00;	\$0.00
	(h) Other	\$: 3143	81.00 \$	0.60	\$	0.00	\$	D DU-	\$314,381.00
	(I) Total Direct Charges (sum of 6s 6h)	- \$645,2	207,00	\$0.00		\$0.00		\$0.00	\$845,207,00
	(j) Indirect Charges	\$;	one \$	0.00	Si,	0.00;	\$	0.00	\$0.00
	(id) Totals (sum of 6) and 6))	\$845,2	07.00	\$0.00		\$0.00		\$0,00	\$645,207.09
7	. Program Income	\$	0.00	(0,00.	5 i	0.00	\$ -	0.00	\$0.00

https://www.granteolutions.gov/gs/xforms/xforms.gs?schema=sf424a.xsd&old_url=appenciosures.sf424a.ophs1.post.SF424AServi... 1/5/22, 9:12 AM Section C Non Federal Resources (a) Other (f) Other Program Income (g) TOTALS (a) Grant (b) Applicant (c) State (d) Locel \$0,00 \$ 0.00 0.00 Ši 0.00 0.00 \$ ZJ-Responsible Fatherhood \$0.00 \$0.00 0.00 0.00 0.00 0.00 21-Responsible Fatherhood General \$0.00 \$0.00 0.00 10, 0.00 0.00 0.00. 21. Responsible Fatherhood \$0.00 \$0,00 0.00 11. 0.00 0.00 S 0.00 ZJ-Responsible Fatherhood General \$0,00 \$0,00 \$0.00 \$0,00 \$0,00 \$0,00 12 TOTALS (sum of lines 8-11) Section D Forecasted Cash Needs 3rd Quarter 4th Quarter Total for 1st Year \$645,207.00 1st Quarter 2nd Curistor 161301.75 322503.50 161301.75 0.00 13. \$0.00 0.00 0.00 0.00 0.60 S: 14. Non Federal \$161,301.76 \$322,603.50 \$161,301.75 \$645,207.00 \$0.00 15. Total (sum of lines 13 and 14) Section E Budget Estimates of Federal Funds needed for Bulance of the Project FUTURE FUNDING PERIODS (YEARS) (a) Grant Program (c) Second (d) Third (e) Fourth (b) First 21-0.00 0.00 0.00 Responsible Fatherhood General 0.00 0.00 0.00 \$ 0.00 2J . 17. Fatherhood 0,00 0.00! 4 0.000 2J -0.00 \$ Responsible Fatherhood 0.00 19, 2J-0.00 0.00 0.00 15 General \$0.00 \$0.00 80.00 20. TOTALS (sum of lines 16-19) \$0,00 Section F Other Budget Information 21. Direct Charges

GrantSolutions User Support) (202) 401-5282 or (866	a) 577-0771 help@g	rantsolutions.gov

Save Close

22. Indirect Charges

23. Remarks

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FEDERAL FINANCIAL REPORT (Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZJ003701 **HHS-ADMINISTRATION FOR CHILDREN & FAMILIES** 3. Recipient Organization (Name and complete address including Zip code) SAN BERNARDING, COUNTY OF 150 S LENA RD, SAN BERNARDINO, CA 924150515 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting da. DUNS Number 4b. EIN (To report multiple grants, use FFR Attachment) ☐ Querterly ☐ Cash ☐ Semi-Annual Accurat 1 Annual ☐ Firmt 7511P 128518193 1956002748A1 8. Project/Grant Period (Month, Day, Year) 9. Reporting Period End Date (Month, Day, Year) September 29, 2021 From: September 30, 2020 To: September 29, 2021 Cumulative 10, Transactions (Use lines e-c for single or combined multiple grant reporting) Federal Cash (To report multiple grants separately, also use FFR Attachment): \$201,033.53 a. Cash Receipts \$201.033.53 b. Cash Disbursements \$0.00 c. Cash on Hand (tine a minus b) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: \$993,019.00 d. Total Federal funds authorized \$201,033.53 e. Federal share of expenditures f. Federal share of unliquidated obligations \$201,033.53 g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g) \$791,985,47 Recipient Share: \$0.00 i. Total recipient share required \$0.00 j. Recipient share of expenditures \$0.00 k. Remaining recipient share to be provided (line i minus i) Program Income: \$0.00 I. Total Federal share of program income earned \$0.00 m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative \$0.00 \$0.00 o. Unexpended program income (line I minus line m and line n) d. Base f. Federal Share Period To e. Amount Charged b. Rate c. Period From 11. Indirect |a. Type Expense g. Totals: \$0.00 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with geverning legislation: 10h. Unobligated balance \$791,985.47 (CAN# G996144) 13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) c. Telephone (Area code, number, and extension) a. Typed or Printed Name and Title of Authorized Certifying Official +1 (909) 991-1548 d. Email Address Tsang, Madeline Administrative Manager madeline.tsang@psd.sbcounty.gov e. Date Report Submitted (Month, Day, Year) b. Signature of Authorized Certifying Official January 4, 2022 Tsang, Madeline Standard Form 425 OMB Approval Number: 4040-0014

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no paraces are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4940-0014, Public reporting burden for this collection of information is estimated to average 1 hours per response, including time for reviewing instructions, searching data sources gathering and maintaining the data needed, and completing and reviewing this collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for approving this form, please write to: US Department of Health & Human Sarvices, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 338-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

Expiration Date: 02/28/2022

www.SBCounty.gov



Preschool Services Department Administration

Jacquelyn Greene Director

January 6, 2022

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. Swizter Building, 3221 B Washington D.C. 20201

SUBJECT: CARRYOVER FROM AWARD NO. 90ZJ0037, YEAR 01 TO YEAR 02

Ms. Morris,

San Bernardino County Preschool Services Department (PSD) is requesting approval to carryover first year funding from the Comprehensive Fatherhood Program budget (Award No. 90ZJ0037-01-00). The carryover amount is \$645,207. Due to COVID-19 pandemic conditions, recruiting program participants (fathers) and staff took longer than anticipated. As a result, program goals were not meet during the first program year. PSD would like to enroll an additional 60 fathers in the second program year to meet enrollment requirement of the first program year. This carryover request is to support outreach activities for recruiting the additional participants, as well as hire additional staff for outreach, case management. training, workshops and other program support for enrolled fathers and father figures. The table below outlines the budget categories for this carryover request:

Comprehensive Fatherhood Program- CAN # 0-G996144

GABI Codes	Budget Categories	Carryover Amount
A	Salaries	\$195,003
В	Benefits	\$93,601
С	Travel	\$16,224
E	Supplies	\$998
F	Contractual	\$25,000
Н	Other	\$314,381
	Total	\$645,207

Should you need further information about this request, kindly contact Jacquelyn Greene, 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 Haeman

Authorized Organizational Representative

FEDERAL FINANCIAL REPORT

Federal Agency & Organization

: HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

Federal Grant (D

: 90ZJ003701

Recipient Organization

: SAN BERNARDINO, COUNTY OF

150 S LENA RD, SAN BERNARDINO, CA 924150515

DUNS Number

: 128518193

DUNS Status when Certified

: ACTIVE (as of 01/04/2022)

EIN

: 1956002748A1

Reporting Period End Date

: September 29, 2021

Status

: Report Certified/Pending Agency Approval

Remarks

: 10h. Unobligated balance \$791,985.47 (CAN# G996144)

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments