



## Preschool Services Department Administration

Phalos Haire  
Director

March 29, 2021

### RUTH MORRIS, GRANTS MANAGEMENT SPECIALIST

Division of Innovation & Improvement Assistance Office of  
Grants Management, OA  
Administration for Children and Families (ACF), DHHS330 C Street,  
SW, Mary E. Switzer Building, 3221 B Washington, D.C. 20201

**SUBJECT: AWARD NO. 90ZJ0037-01: TRANSFER OF \$84,438 FROM EQUIPMENT TO OTHER BUDGET CATEGORY**

Ms. Morris,

San Bernardino County Preschool Services Department (PSD) is requesting approval to revise the Comprehensive Fatherhood Program budget (Award No. 90ZJ0037-01-00) for the current period, 9/30/2020 through 9/29/2021. PSD was awarded this grant on September 28, 2020. The award condition stipulates that PSD must submit a budget revision to propose alternative expenditures for the \$84,438 in the Equipment budget category initially included for the purchase of three vehicles. In response, PSD is requesting the following budget transfer:

#### Comprehensive Fatherhood Program- CAN # 0-G996144

GABI Codes	Budget Categories	Current Amount	Transfer Out	Transfer In	Revised Amount
D	Equipment	84,438	(\$84,438)	0	0
H	Other	293,029	0	84,438	377,467
	<b>Total</b>	<b>\$377,467</b>	<b>(\$84,438)</b>	<b>\$84,438</b>	<b>\$377,467</b>

The increase of \$84,438 in the Other budget category will fund program supplies such as parent education packs, books, and supply bags. These supplies will support the development of positive guidance skills in parents, increase parent participation with their children, and enable fathers to assist their children with their homework. Approval of this request will decrease the Equipment budget category by \$84,438. The related budget justification narrative with additional details was already submitted.

Should you need further information about this request, kindly contact Phalos Haire, Director at (909) 383-2005 [PHaire@psd.sbcounty.gov](mailto:PHaire@psd.sbcounty.gov) or Cheryl Adams, Finance Deputy Director, at (909) 383-2017 or [Cheryl.Adams@psd.sbcounty.gov](mailto:Cheryl.Adams@psd.sbcounty.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Curt Hagman".

**CURT HAGMAN, COUNTY OF SAN BERNARDINO 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:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☐ New  
☐ Continuation  
☒ Revision

**\* If Revision, select appropriate letter(s):**

E: Other (specify)

**\* Other (Specify):**

Budget category

**\* 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. Organizational DUNS:**

1285181930000

**d. Address:**

**\* Street1:** 662 South 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:**

Mr.

**\* First Name:**

Phalos

**Middle Name:**

**\* Last Name:** Haire

**Suffix:**

**Title:** Director

**Organizational Affiliation:**

**\* Telephone Number:** (909) 383-2005

**Fax Number:** (909) 383-2080

**\* Email:** phaire@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:

Section 403(a)(2) of the Social Security Act [42 U.S.C. § 603(a)(2)]

### \* 12. Funding Opportunity Number:

HHS-2020-ACF-OFA-ZJ-1846

\* Title:

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

### 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:

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. Program/Project

CA-31

Attach an additional list of Program/Project Congressional Districts if needed.

SF-424 Attachment #14.docx

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

09/30/2021

\* b. End Date:

09/29/2022

**18. Estimated Funding (\$):**

* a. Federal	0.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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

Add Attachment

Delete Attachment

View Attachment

**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:

Mr.

\* First Name:

Curt

Middle Name:

\* Last Name:

Hagman

Suffix:

\* Title:

Chairman of S.B. County Board of Supervisors

\* Telephone Number:

(909) 383-2005

Fax Number:

(909) 383-2080

\* Email:

curt.hagman@bos.sbcounty.gov

\* Signature of Authorized Representative:

\* Date Signed:

09/09/2021

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS  
OF THE COUNTY OF SAN BERNARDINO  
AND RECORD OF ACTION**

**November 17, 2020**

**FROM**

**PHALOS HAIRE, Director, Preschool Services Department**

**SUBJECT**

Grant Award from the United States Department of Health and Human Services Administration for Children and Families for Preschool Services Department Comprehensive Fatherhood Program and Budget Adjustment

**RECOMMENDATION(S)**

1. Accept **Grant Award No. 20-1144** (Award No. 90ZJ0037-01-00) from the United States Department of Health and Human Services, Administration for Children and Families for Preschool Services Department Comprehensive Fatherhood Program, in the amount of \$993,019 for the period of September 30, 2020 through September 29, 2021.
2. Designate the Chairman of the Board of Supervisors, Chief Executive Officer, or Director of Preschool Services, to execute and submit any subsequent non-substantive amendments to Award No. 90ZJ0037-01-00 for Preschool Services Department Comprehensive Fatherhood Program, on behalf of the County, subject to review by County Counsel
3. Direct the Chairman of the Board of Supervisors, Chief Executive Officer, or Director of Preschool Services to transmit all documents in relation to the awards to the Clerk of the Board of Supervisors within 30 days of execution.
4. Authorize the Auditor-Controller/Treasurer/Tax Collector to post the following adjustments for the Preschool Services Department Comprehensive Fatherhood Program grant award, in the amount of \$993,019, as indicated in the Financial Impact section below, to the Preschool Services Department's 2020-21 budget. (Four votes required).

(Presenter: Phalos Haire, Director, 383-2005)

**COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES**

**Provide for the Safety, Health and Social Service Needs of County Residents.**

**Pursue County Goals and Objectives by Working with Other Agencies.**

**FINANCIAL IMPACT**

This item does not impact Discretionary General Funding (Net County Cost). The grant award in the amount of \$993,019 from the United States Department of Health and Human Services Administration for Children and Families (ACF) for the Preschool Services Department Comprehensive Fatherhood Program, does not require a Non-Federal Match. Approval of the necessary budget adjustments to the Preschool Services Department's (PSD) 2020-21 budget is requested as indicated in the following table.

<b>Fund Center</b>	<b>Commitment item/ GL Acct</b>	<b>Description</b>	<b>Action</b>	<b>Amount</b>
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**Grant Award from the United States Department of Health and Human  
Services Administration for Children and Families for Preschool  
Services Department Comprehensive Fatherhood Program and Budget  
Adjustment  
November 17, 2020**

<b>Fund Center</b>	<b>Commitment item/ GL Acct</b>	<b>Description</b>	<b>Action</b>	<b>Amount</b>
5910002221	51001010	Regular Salary	Increase	\$349,883
5910002221	51001110	Members Retirement	Increase	\$167,945
5910002220	52002070	Food	Increase	\$23,660
5910002220	52002115	Software	Increase	\$17,422
5910002220	52002116	Computer Hardware Expense	Increase	\$19,745
5910002220	52002130	Non- Inventoriable Equipment	Increase	\$96,703
5910002220	52002135	Special Dept Expense	Increase	\$4,207
5910002220	52002181	Cell Phones- Outside	Increase	\$3,910
5910002220	52002303	Program Supplies	Increase	\$87,583
5910002220	52002304	Office Exp.- Outside vendors	Increase	\$8,610
5910002220	52002316	Surplus Handling Charges	Increase	\$3,055
5910002220	52002323	Courier & Printing (ISF only)	Increase	\$3,000
5910002220	52002355	Advertising	Increase	\$9,500
5910002220	52002445	Other Professional & Spec Svcs	Increase	\$90,000
5910002220	52002857	Interpreter Fees	Increase	\$1,500

**Grant Award from the United States Department of Health and Human Services Administration for Children and Families for Preschool Services Department Comprehensive Fatherhood Program and Budget Adjustment  
November 17, 2020**

<b>Fund Center</b>	<b>Commitment item/ GL Acct</b>	<b>Description</b>	<b>Action</b>	<b>Amount</b>
5910002220	52002905	Rents & Leases- Struct, Imp&Grds	Increase	\$15,600
5910002220	52002925	Vehicle Charges (ISF Only)	Increase	\$40,620
5910002220	52942940	Private Mileage non-taxable	Increase	\$23,851
5910002220	52942941	Conf/Trng/Seminar fees	Increase	\$10,000
5910002220	52942942	Hotel - Non Taxable	Increase	\$7,000
5910002220	52942943	Meals- Non Taxable	Increase	\$2,500
5910002220	52942945	Air Travel	Increase	\$6,725
5910002221	40509094	Federal Grants	Increase	\$517,828
5910002220	40509094	Federal Grants	Increase	\$475,191

**BACKGROUND INFORMATION**

PSD provides Head Start and Early Head Start Programs provide comprehensive child developmental services for children ages 0 to 5 and their families at locations throughout San Bernardino County. ACF Office of Family Assistance has provided funding to increase child and family well-being through a series of evidenced-based practices that address healthy relationships, improve parenting skills, and increase economic stability. PSD will use the funding for its Comprehensive Fatherhood Program that serves low-income fathers, over the age of 18, eligible to be enrolled in its Head Start/Early Head Start program with children under the age of 5 and residing within the County of San Bernardino.

PSD's Comprehensive Fatherhood Program services and activities will include recruitment of Head Start fathers; risk and needs assessments; goal-setting with measurable activities and milestones; intensive case management services; supportive services through referrals to community partners; availability of a Successful Pathways Apprenticeship Program and certified high school education program, and participation in The Nurturing Fathers Program curriculum workshops.

**Grant Award from the United States Department of Health and Human  
Services Administration for Children and Families for Preschool  
Services Department Comprehensive Fatherhood Program and Budget  
Adjustment  
November 17, 2020**

On June 23, 2020, the County Administrative Office authorized the submission of a grant application to AFC for PSD's Comprehensive Fatherhood Program, in an annual amount of \$993,019, over the five-year grant project period of September 30, 2020 through September 29, 2025.

On October 9, 2020, PSD received the grant award notice (Award No. 90ZJ0037-01-00) from ACF for PSD's Comprehensive Fatherhood Program, in the amount of \$993,019, over the one-year period of September 30, 2020 through September 29, 2021.

This item is being presented to the Board of Supervisors at this time, as this is the first date available following required operational, fiscal, and legal reviews. Approval at this time will have no impact on PSD's Comprehensive Fatherhood Program services and activities.

**PROCUREMENT**

N/A

**REVIEW BY OTHERS**

This item has been reviewed by County Counsel (Adam Ebright, Deputy County Counsel, 387-5455) on October 28, 2020; Auditor-Controller/Treasurer/Tax Collector (Erika Gomez, General Accounting Manager, 382-3196) on November 2, 2020; Finance (Paul Garcia, Administrative Analyst, 386-8392) on November 2, 2020; and County Finance and Administration (Tanya Bratton, Deputy Executive Officer, 388-0332) on November 2, 2020.

**Grant Award from the United States Department of Health and Human  
Services Administration for Children and Families for Preschool  
Services Department Comprehensive Fatherhood Program and Budget  
Adjustment  
November 17, 2020**

Record of Action of the Board of Supervisors  
County of San Bernardino

**APPROVED (CONSENT CALENDAR)**

Moved: Robert A. Lovingood Seconded: Josie Gonzales

Ayes: Robert A. Lovingood, Janice Rutherford, Dawn Rowe, Curt Hagman, Josie Gonzales

Lynna Monell, CLERK OF THE BOARD

BY   
DATED: November 17, 2020



cc: PSD - Garcia w/agree  
Contractor - C/O PSD w/agree  
File - w/agree  
CCM 11/25/2020



## 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.: 20-1144 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. The award stipulated that PSD must submit a budget revision for \$84,438. The \$84,438 budget revision is due to the denial of the purchase of three vehicles to support staff travel throughout San Bernardino County. PSD has proposed to transfer the \$84,438 from the Equipment budget to the Other budget category to fund program supplies. PSD is requesting the signature of the Board of Supervisors Chairman on the budget transfer letter and the SF-424 form.

**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: 3/19/21
<b>Reviewing County Counsel Use Only</b>	Review Date <u>03/29/2021</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 _____   Signature <b>Pamela Williams</b>	<b>Disposition:</b> <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