

### Project Completion Certification

**Project Title:** FY 2018 Capital Assistance for Hurricane Response and Recovery Efforts

**Project Number:** 155688-02

**Project Type:** Alteration/Renovation

**Grant Number:** C13CS32072

**Grantee Name:** Pinellas, County of

I hereby certify the following for this project:

1. The project has been completed in accordance with requirements imposed on federally assisted projects by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy, as well as all applicable program standards, State codes, and local codes and ordinances. Such standards include (but are not limited to) the following, as applicable:
  - Equipment tracking, insurance and maintenance (45 CFR Parts 75.317 through 75.321, 75.452) and Department of Health and Human Services (DHHS) Grants Policy Statement II-64
  - Procurement requirements (45 CFR Part 75.326 through 75.326-335)
  - ADA Accessibility Guidelines for Building and Facilities (28 CFR Part 36)
  - Uniform Relocation Assistance (45 CFR Part 15)
  - Real Property insurance, maintenance and Federal Interest (45 CFR Part 75.318 through 75.321) and DHHS Grants Policy Statement II-66 through 68
  - AIA Guidelines for Design and Construction of Hospital and Health Care Facilities (current edition, as applicable)
  - NFPA 99 Health Care Facilities Code (current edition, as applicable)
  - NFPA 101 Life Safety Code (current edition, as applicable)
2. The funded project has been completed in accordance with the previously certified documents. The final scope of the funded project consists of replacing the clinic's current generator with a 77kW, @ 0.8 PF, 60 Hz, 3 Phase, UL 2200, 120/208 Volt generator with protective hurricane rated housing. The new generator is upsized to handle all loads in the building to provide full electric power during outages and is protected from storm damage.
3. The final project costs are consistent with the most recent HRSA approved Budget and Budget Justification.
4. The project is free of mechanics' liens (as applicable for construction-related projects).
5. The funded project will be used to support services consistent with the objectives of the associated HRSA funding opportunity.
6. Check the following items and ensure the inclusion of attachments to this Project Completion Certification:

440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, FL 33756  
Phone (727) 464-8400  
Fax (727) 464-8454  
V/TDD (727) 464-4062  
[www.pinellascounty.org](http://www.pinellascounty.org)

**Attachment A: Certification of Occupancy**

A certification is attached, issued by the local authority having jurisdiction

OR

A final inspection report from the local building permit department or Fire Marshal

OR

Not applicable because work did not require a building permit

**Attachment B: Certificate of Substantial Completion**

A certificate of substantial completion or similar letter from the architect, engineer or contractor of record is attached

OR

Not applicable because project did not require services of an architect, engineer, or contractor. If selected, please provide additional justification. This option is generally applicable only for cosmetic improvements or repairs where the local jurisdiction does not require a commercial building permit or inspections.

7. The required property and equipment insurance policies on the project were purchased. The equipment and real property (title and destruction) insurance coverage will be maintained at the full replacement value of the facility throughout the period of time the property is owned by the [insert name of award recipient].
8. Real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by Pinellas County except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Parts 75.318 and DHHS Grants Policy Statement II-66 through 68.



\_\_\_\_\_  
Signature of award recipient's authorized representative

Barry A. Burton, County Administrator

\_\_\_\_\_  
Printed name of award recipient's authorized representative

April 27, 2021

\_\_\_\_\_  
Date

*Approved as to form: Matthew Tolnay - Assistant County Attorney*

**Attachments**

Attachment A – Final Inspection Report

Attachment B – Certificate of Substantial Completion