

Office of Criminal Justice Grants THIRD PARTY CERTIFICATE OF SUBAWARD

Email completed form to: criminaljustice@fdle.state.fl.us

FDLE Recipient Name:		FDLE App/Award #:			
Federal	Program:	Federal Agency:			
Federal .	Award Number:	CFDA #:			
Third-Pai tiered su	m must be completed for all third-party agreements dete rty Determination Checklist. The FDLE Recipient must comple ubrecipient for their signature in Part V. A copy of the full ed on file by both parties and provided to FDLE.	te Parts I through IV and forward a	copy to the		
– <i>Passth</i> these red	passing funds through to a "tiered subrecipient" must ensurough entity requirements. Failure to address, or prequirements will result in a withholding of funds condition on anditions prevent the review and approval of payment requests,	ovide documentation of, compl the FDLE Recipient's award. Wit	iance with		
Part I: 0	Certificate of Subaward				
Tiered S	Subrecipient's Name	Tiered Subrecipient's UEI			
Tiered Subrecipient's Award/Contract Title		Tiered Subrecipient's Award/Contract #			
Grant Pi	roject Period: to Start Date End Date Effective Date	Indirect Costs:			
Project		Indirect Cost Rate:			
,	Grant Funds Other Funds Total Cost Description:	Research and Development:			
Part II:	Third-Party Compliance Review				
1.	Does the tiered subrecipient have a UEI number? If no, a withholding of funds condition will be placed on the award u UEI number is obtained.	Yes No ntil a)		
2.	Does the tiered subrecipient have an active SAM.gov registration? If no, a withholding of funds condition will be place on the award until an active SAM.gov registration is provided FDLE.)		
3.	Does the tiered subrecipient have a current EEO Certification If no, the contract is not eligible for reimbursement with fede funds. Documentation must be provided to EDLE at monitoring	ral Yes No)		



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4.	Will the tiered subrecipient be interacting with minors under this award?		Yes	No			
	If yes, the tiered subrecipient must comply with all requirements for						
	Suitability to Work with Minors. Documentation must be provided to						
	FDLE upon request.						
5.	Does the third-party agreement contain provisions requiring the		.,				
	tiered subrecipient be registered in and utilize the E-Verify System		Yes	No			
	in accordance with Section 448.095(5), Florida Statutes? If yes,						
	provide the page #.		Page #:				
	If no, a withholding of funds condition will be placed on the award until an amended agreement including these provisions is provided						
	to FDLE.						
Part III:	Pass-through Entity Requirements						
1.	Does the FDLE Recipient understand they will be required to comp	olete a	Yes	No			
1.	Third-Party Subaward Risk Assessment and provide a copy at mor		103	140			
2.	Does the FDLE Recipient understand they will be required to comp Third-Party Subaward Monitoring Tool and provide a completed co		Yes	No			
	(including supporting documentation) at monitoring?	РУ					
raitiv.	FDLE Recipient Certification -						
	duly authorized representative, I acknowledge, understand and ac						
	rd and pass-through entity provisions established in 2 C.F.R. 200.3						
with all provisions and conditions regarding subawards under federal awards may result in the withholding of funds, disallowance of project costs, and/or classification of questioned costs. Additionally, I understand documentation to							
verify compliance with the provisions above must be maintained and provided at the time of monitoring.							
Signature: Burn Date:							
Oigilata	BOARD OF COUNTY COMMISSIONERS	ato.					
Name:	Ti	itle:					
Part V: Tiered Subrecipient Certification -							
As the duly authorized representative, I acknowledge, understand and agree to abide by all applicable federal							
subaward and pass-through entity provisions established in 2 C.F.R. 200. I understand the failure to comply with all							
applicable provisions and conditions regarding subawards under federal awards may result in the withholding of funds, disallowance of project costs, and/or classification of questioned costs. Additionally, I understand							
	entation to verify compliance with the provisions above must be m						
monitoring.							
Signatu	re·	ate:					
Signatu		u.o.					
Name: Title:							

APPROVED AS TO FORM

By: Cody J. Ward

Office of the County Attorney