



Criminal Justice Grants THIRD PARTY CERTIFICATE OF SUBAWARD

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

FDLE Recipient Name: Pinellas County Board of Commissioners FDLE App/Award #: _____
Federal Program: Edward Byrne Memorial Justice Assistance Grant Federal Agency: USDOJ
Federal Award Number: 15PBJA-24-GG-04224-MUMU CFDA #: 16.738

This form must be completed for all third-party agreements determined to be **SUBRECIPIENTS** by CJG's Third-Party Determination Checklist. The FDLE Recipient must complete Parts I through IV and forward a copy to the tiered subrecipient for their signature in Part V. A copy of the fully executed Certificate of Subaward must be maintained on file by both parties and provided to FDLE.

Entities passing funds through to a "tiered subrecipient" must ensure their compliance with 2 CFR §200.332 – *Passthrough entity requirements*. Failure to address, or provide documentation of, compliance with these requirements will result in a withholding of funds condition on the FDLE Recipient's award. Withholding of funds conditions prevent the review and approval of payment requests, ultimately delaying reimbursement.

Part I: Certificate of Subaward

Personal Enrichment through Mental Health Services, Inc. dba Eleos			JFQBD654LSV7
Tiered Subrecipient's Name			Tiered Subrecipient's UEI
Restraint Chairs			
Tiered Subrecipient's Award/Contract Title			Tiered Subrecipient's Award/Contract #
Grant Project Period:	<u>10/1/2025</u>	to <u>9/30/2026</u>	<u>10/1/2025</u>
	Start Date	End Date	Effective Date
Project Cost:	<u>\$ 24,900</u>	<u>\$ 0</u>	<u>\$ 24,900</u>
	Grant Funds	Other Funds	Total Cost
Project Description:			Indirect Costs: <u>No</u>
			Indirect Cost Rate: <u>0.00%</u>
			Research and Development: <u>No</u>

Eleos proposes to use one-time grant funding to purchase medically approved restraint chairs for their Mental Health Crisis Stabilization Unit. These chairs will replace the current use of four-point restraints in a bed, offering a safer and more humane option for managing severe behavioral health crises. Restraint chairs are used only when all other de-escalation methods have been tried and are consistent with best practices and the requirements of Florida Statutes Chapter 394 (Florida Mental Health Act).

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 until a UEI number is obtained. | ☒ Yes | ☐ No |
| 2. Does the tiered subrecipient have an active SAM.gov registration? If no, a withholding of funds condition will be placed on the award until an active SAM.gov registration is provided to FDLE. | ☒ Yes | ☐ No |
| 3. Does the tiered subrecipient have a current EEO Certification? If no, the contract is not eligible for reimbursement with federal funds. Documentation must be provided to FDLE at monitoring. | ☒ 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 in accordance with Section 448.095(5), Florida Statutes? If yes, provide the page #. ☒ Yes ☐ No

If no, a withholding of funds condition will be placed on the award until an amended agreement including these provisions is provided to FDLE.

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Part III: Pass-through Entity Requirements

1. Does the FDLE Recipient understand they will be required to complete a Third-Party Subaward Risk Assessment and provide a copy at monitoring? ☒ Yes ☐ No
2. Does the FDLE Recipient understand they will be required to complete a Third-Party Subaward Monitoring Tool and provide a completed copy (including supporting documentation) at monitoring? ☒ Yes ☐ No

Part IV: FDLE Recipient Certification - Pinellas County Board of Commissioners

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. 200.332. I understand the failure to comply 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: Barry Burton

Date: November 13, 2025

Name: Barry Burton

Title: County Administrator

Part V: Tiered Subrecipient Certification - Personal Enrichment through Mental Health Services, Inc. dba El

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 documentation to verify compliance with the provisions above must be maintained and provided at the time of monitoring.

Signature: Maxine Booker

Date: 8/6/2025

Name: Maxine Booker

Title: Chief Executive Officer