

## CERTIFICATE OF SUBAWARD

Tiered Subrecipient:

Tiered Subrecipient UEI:

Date of Tiered Award:

Tiered Grant Period: From:                      To:

Project Title:

Tiered Subgrant Number:

Federal Funds:

Matching Funds:

Total Project Cost:

CFDA Number:

Federal Award Number:

Federal Awarding Agency: U.S. Department of Justice (USDOJ)

Pass-through Entity Subgrant Number:

Pass-through Entity: Florida Department of Law Enforcement (FDLE)

Tiered Pass-through Entity:

Research and Development:

Indirect Cost:                                      Indirect Cost Rate:

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Project Description:



\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Date

Name:

Title:

Address:

\_\_\_\_\_  
Phone Number:

**APPROVED AS TO FORM**

By: Cody J. Ward  
Office of the County Attorney

This award is subject to the special conditions (if any) prescribed below: