



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

MORE Health, Inc			GNNLLKHAXX98	
Tiered Subrecipient's Name			Tiered Subrecipient's UEI	
Firearm Safety and Violence Prevention Program				
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>			Indirect Costs: <u>No</u>	
Start Date End Date Effective Date			Indirect Cost Rate: <u>0.00%</u>	
Project Cost: <u>\$ 30,000</u> <u>\$ 0</u> <u>\$ 30,000</u>			Research and Development: <u>No</u>	
Grant Funds Other Funds Total Cost				

Project Description:

MORE HEALTH proposes to continue the Firearm Safety/Violence Prevention Project in Pinellas County's public, charter, and private schools. MH instructors will teach the Firearm Safety 1 Lesson, You Can Be a Hero and the middle school lesson, Responsibility, Respect and Reason to Pinellas County students. Applying kinesthetic style teaching methods, the interactive lessons are taught using hands-on visuals and role play to help students develop the skills to help them stay safe in potentially dangerous situations.

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

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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 complete a Third-Party Subaward Risk Assessment and provide a copy at monitoring?
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

☒ 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 - MORE Health, Inc

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: Karen Buckenheimer

Date: August 6, 2025

Name: Karen Buckenheimer

Title: Executive Director