

Project Completion Certification**Award Number:** C8ECS44535**Recipient Name:** Pinellas, County of**Project Title:** Health Center Infrastructure Support**Project Number:** 44535-1**Project Type:** Construction/Expansion**Project Physical Address:** Bayside Health Clinic, 14808 49th Street North, Clearwater, FL 33762

I hereby certify the following for this project:

1. The project has been completed in accordance with requirements, regulations, and laws stated in the Notice of Funding Opportunity and Notice of Award(s) associated with the above project.
2. The funded project has been completed in accordance with the previously certified documents. The final scope of the funded project consists of a 1,100 square foot addition/expansion of the Bayside Health Clinic to incorporate a third dental operator chair and dental office to meet the increased demand for services at this location. Additional consultation/offices were added to physically integrate behavioral health providers into the clinic for a seamless, warm hand-off of clients needing services. A secondary lobby/waiting area and restroom were added to accommodate the increased building capacity.
3. The final project costs are consistent with the most recent HRSA approved Budget and Budget Justification, including the most recently approved equipment lists.
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:

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 Pinellas County.
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

November 13, 2024

Date

Attachments

Attachment A – Certificate of Inspection Completion
Attachment B – Certificate of Substantial Completion

APPROVED AS TO FORM

By: Cody J. Ward
Office of the County Attorney