Select One

CERTIFICATE OF SUBAWARD

Tiered Subrecipient:

Tiered Subrecipient DUNS:

Date of Tiered Award:

Tiered Grant Period: From: To:

Project Title:

Tiered Subgrant Number:

Federal Funds:

Matching Funds:

Total Project Cost: $ 0.00

CFDA Number: Select One

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: Select One

Indirect Cost: Select One Indirect Cost Rate: 0.00%

Project Description:

_____ _____

Authorized Official Date

Name:

Title:

Address: Phone Number:

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