

Application for Federal Assistance SF-424

* 1. Type of Submission: ☐ Preapplication ☒ Application ☐ Changed/Corrected Application		* 2. Type of Application: ☐ New ☒ Continuation ☐ Revision		* If Revision, select appropriate letter(s): * Other (Specify): 																	
* 3. Date Received: 		4. Applicant Identifier: 																			
5a. Federal Entity Identifier: 			5b. Federal Award Identifier: XA - 02D04921																		
State Use Only:																					
6. Date Received by State:		7. State Application Identifier:																			
8. APPLICANT INFORMATION:																					
* a. Legal Name: County of Pinellas																					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800			* c. UEI: R37RMC63XKG1																		
d. Address:																					
<table style="width: 100%;"><tr><td style="width: 15%;">* Street1:</td><td> c/o Office of Management and Budget </td></tr><tr><td>Street2:</td><td> 400 S. Ft. Harrison Ave - 3rd FL </td></tr><tr><td>* City:</td><td> Clearwater </td></tr><tr><td>County/Parish:</td><td> Pinellas County </td></tr><tr><td>* State:</td><td> FL: Florida </td></tr><tr><td>Province:</td><td> </td></tr><tr><td>* Country:</td><td> USA: UNITED STATES </td></tr><tr><td>* Zip / Postal Code:</td><td> 33756-5113 </td></tr></table>						* Street1:	c/o Office of Management and Budget	Street2:	400 S. Ft. Harrison Ave - 3rd FL	* City:	Clearwater	County/Parish:	Pinellas County	* State:	FL: Florida	Province:		* Country:	USA: UNITED STATES	* Zip / Postal Code:	33756-5113
* Street1:	c/o Office of Management and Budget																				
Street2:	400 S. Ft. Harrison Ave - 3rd FL																				
* City:	Clearwater																				
County/Parish:	Pinellas County																				
* State:	FL: Florida																				
Province:																					
* Country:	USA: UNITED STATES																				
* Zip / Postal Code:	33756-5113																				
e. Organizational Unit:																					
Department Name: Public Works			Division Name: Environmental Management																		
f. Name and contact information of person to be contacted on matters involving this application:																					
<table style="width: 100%;"><tr><td style="width: 30%;">Prefix: Ms. </td><td style="width: 70%;">* First Name: Sheila </td></tr><tr><td>Middle Name: E. </td><td></td></tr><tr><td>* Last Name: Schneider </td><td></td></tr><tr><td>Suffix: MSCM, CPM </td><td></td></tr><tr><td colspan="2">Title: Environmental Division Manager </td></tr><tr><td colspan="2">Organizational Affiliation: Air Quality Division </td></tr><tr><td>* Telephone Number: (727) 464-4655 </td><td>Fax Number: </td></tr><tr><td colspan="2">* Email: sschneider@pinellas.gov </td></tr></table>						Prefix: Ms.	* First Name: Sheila	Middle Name: E.		* Last Name: Schneider		Suffix: MSCM, CPM		Title: Environmental Division Manager		Organizational Affiliation: Air Quality Division		* Telephone Number: (727) 464-4655	Fax Number:	* Email: sschneider@pinellas.gov	
Prefix: Ms.	* First Name: Sheila																				
Middle Name: E.																					
* Last Name: Schneider																					
Suffix: MSCM, CPM																					
Title: Environmental Division Manager																					
Organizational Affiliation: Air Quality Division																					
* Telephone Number: (727) 464-4655	Fax Number:																				
* Email: sschneider@pinellas.gov																					

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

United States Environmental Protection Agency

11. Assistance Listing Number:

66.034

Assistance Listing Title:

Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities
Relating to the Clean Air Act

* 12. Funding Opportunity Number:

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Toxics Characterization - National Air Toxics Trend Stations (NATTS)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	179,425.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	179,425.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

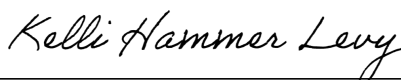
* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative:

APPROVED AS TO FORM
By: Joseph A Morrissey
Office of the County Attorney

* Date **Signed:**