OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] 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:

* 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:

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 Ac

*** 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: FL-013 * b. Program/Project: FL-013

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

2022WebMapCONGRESS.pdf | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2025 * b. End Date: 06/30/2026

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

Add Attachment | Delete Attachment | View Attachment

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: Mrs. * First Name: Kelli

Middle Name:

* Last Name: Hammer Levy

Suffix: MS, MPA

* Title: Department Director

* Telephone Number: (727)464-3317 Fax Number:

* Email: klevy@pinellas.gov

* Signature of Authorized Representative:

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

Kelli Hammer Levy

* Date Signed: May 16, 2025