

Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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*3. Date Received: NA	4. Applicant Identifier: PIE (St Pete-Clearwater International) Clearwater, FL
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*5b. Federal Entity Identifier: 12-0075	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** Pinellas County Board of Commissioners

*b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800	*c. Organizational DUNS: 05-520-0216
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d. Address:

***Street 1:** 14700 TERMINAL BLVD., STE 221
Street 2: _____
***City:** CLEARWATER
County/Parish: _____
***State:** FL
Province: _____
***Country:** USA: United States
***Zip / Postal Code** 33762

e. Organizational Unit:

Department Name:	Division Name:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. _____ ***First Name:** Thomas _____
Middle Name: _____
***Last Name:** Jewsbury _____
Suffix: C.M. _____

Title: Airport Executive Director

Organizational Affiliation:

***Telephone Number:** 727-453-7801 **Fax Number:**

***Email:** jewsbury@fly2pie.com

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

X. Airport Sponsor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10. Name of Federal Agency:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

***12. Funding Opportunity Number:**

NA

*Title:

NA

13. Competition Identification Number:

NA

Title:

NA

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

***15. Descriptive Title of Applicant's Project:**

\$783,694 to provide relief from rent and minimum annual guarantees to eligible small airport concessions located at primary airports.

\$195,923 to provide relief from rent and minimum annual guarantees to eligible large airport concessions located at primary airports.

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

*a. Applicant: 9

*b. Program/Project: 13

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

17. Proposed Project:

*a. Start Date: NA

*b. End Date: NA

18. Estimated Funding (\$):

*a. Federal	_____	\$979,617
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$979,617

***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 218, 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: Mr. _____ *First Name: Dave _____

Middle Name: _____

*Last Name: Eggers _____

Suffix: _____

APPROVED AS TO FORM
By: Michael A. Zas
Office of the County Attorney

*Title: Chairman of the Board of County Commissioners

*Telephone Number: 727-464-3276

Fax Number:

* Email: deggers@pinellascounty.org

*Signature of Authorized Representative: Dave Eggers



*Date Signed: 11/9/2021

ATTEST: KIM BURKE, CLERK
By: Kim Burke
Deputy Clerk

APPROVED AS TO FORM
By: Michael A. Zas
Office of the County Attorney