

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Pinellas County dba Board of County Commissioners

* b. Employer/Taxpayer Identification Number (EIN/TIN):

59-6000800

* c. UEI:

R37RMC63XKG1

d. Address:

* Street1:

14 S. Ft. Harrison Ave.

Street2:

5th Floor

* City:

Clearwater

County/Parish:

Pinellas County

* State:

Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

33756-5105

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Capital Improvement Division

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

Prefix:

Ms.

* First Name:

Kelli

Middle Name:

* Last Name:

Hammer Levy

Suffix:

Title:

Public Works Director

Organizational Affiliation:

Pinellas County Government Public Works

* Telephone Number:

7274643317

Fax Number:

* Email:

klevy@pinellascounty.org

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

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

FY22 National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-22-RA-RAISE

* Title:

FY 2022 National Infrastructure Investments under the Infrastructure Investment and Jobs Act ("Bipartisan Infrastructure Law"), Rebuilding American Infrastructure with Sustainability and Equity (RAISE) 2022 Grant Program.

13. Competition Identification Number:

Title:

Joe's Creek Greenway Trail and Channel Restoration

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

Add Attachment

Delete Attachment

View Attachment

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

Joe's Creek Greenway Trail and Channel Restoration (PID#004116A)
Design and Construction of a regional trail and restoration of Joe's Creek Watershed main channel in under-served Lealman Community.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant **12,13**

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

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **4/12/22**

* b. End Date: **12/30/31**

18. Estimated Funding (\$):

* a. Federal	25,000,000
* b. Applicant	5,400,000
* c. State	360,000
* d. Local	17,100,000
* e. Other	3,161,000
* f. Program Income	0
* g. TOTAL	51,021,000

*** 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 **4/14/2022**.
- 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 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: * First Name: **Kelli**

Middle Name:

* Last Name: **Hammer Levy**

Suffix:

* Title: **Public Works Director**

* Telephone Number: **7274643317** Fax Number:

* Email: **klevy@pinellascounty.org**

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.