

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:

N/A

5a. Federal Entity Identifier:

N/A

5b. Federal Award Identifier:

N/A

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:**

315 Court Street

Street2:

*** City:**

Clearwater

County/Parish:

*** State:**

FL: Florida

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

33756-5338

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

*** First Name:**

Meghan

Middle Name:

*** Last Name:**

Johnson

Suffix:

Title: Grants Management Coordinator, Public Works

Organizational Affiliation:

*** Telephone Number:** 727-464-4015

Fax Number:

*** Email:** mrjohnson@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:

USDA - Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.923

CFDA Title:

Emergency Watershed Protection Program

* 12. Funding Opportunity Number:

N/A

* Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Pinellas County's EWP Debris Removal - Hurricane Milton

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.

Congressional Map posted 04.07.25.pdf

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

5,968,649.50

* b. Applicant

0.00

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

5,968,649.50

*** 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:

* First Name:

Brian

Middle Name:

* Last Name:

Scott

Suffix:

* Title:

2025 Chair, Board of County Commissioners

* Telephone Number:

727-464-3596

Fax Number:

* Email:

grants@pinellas.gov

* Signature of Authorized Representative:



* Date Signed:

6/25/2025

APPROVED AS TO FORM

OFFICE OF COUNTY ATTORNEY

ATTEST: KEN BURKE, CLERK

By:

By: