

<b>Application for Federal Assistance SF-424</b>	
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>*2. Type of Application</b> * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation      *Other (Specify) _____ <input type="checkbox"/> Revision	
<b>*3. Date Received:</b> NA	<b>4. Applicant Identifier:</b> PIE (St Pete-Clearwater International) Clearwater, FL
<b>*5b. Federal Entity Identifier:</b> 12-0075	<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>	
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>	
<b>*a. Legal Name:</b> Pinellas County Board of Commissioners	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 59-6000800	<b>*c. Organizational DUNS:</b> 05-520-0216
<b>d. Address:</b>	
<b>*Street 1:</b>	<u>14700 TERMINAL BLVD., STE 221</u>
<b>Street 2:</b>	_____
<b>*City:</b>	<u>CLEARWATER</u>
<b>County/Parish:</b>	_____
<b>*State:</b>	<u>FL</u>
<b>Province:</b>	_____
<b>*Country:</b>	<u>USA: United States</u>
<b>*Zip / Postal Code</b>	<u>33762</u>
<b>e. Organizational Unit:</b>	
<b>Department Name:</b>	<b>Division Name:</b>
_____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> <u>Mr.</u>	<b>*First Name:</b> <u>Thomas</u>
<b>Middle Name:</b>	_____
<b>*Last Name:</b>	<u>Jewsbury</u>
<b>Suffix:</b>	<u>C.M.</u>
<b>Title:</b>	<u>Airport Executive Director</u>
<b>Organizational Affiliation:</b>	
_____	
<b>*Telephone Number:</b> 727-453-7801	<b>Fax Number:</b>
_____	
<b>*Email:</b> jewsbury@fly2pie.com	

**Application for Federal Assistance SF-424**

**\*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:**

\$4,561,942 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

Attach supporting documents as specified in agency instructions.



APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By M Zas  
Attorney