

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: c/o Office of Management and Budget

Street2: 400 S. Ft. Harrison Ave - 3rd FL

* City: Clearwater

County/Parish:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 33756-5105

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: Reta

Middle Name:

* Last Name: Newman

Suffix:

Title: Laboratory Director

Organizational Affiliation:

Pinellas County Board of County Commissioners

* Telephone Number: 7275826810

Fax Number:

* Email: rtnewman@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:

Bureau of Justice Assistance

11. Catalog of Federal Domestic Assistance Number:

16.036

CFDA Title:

Comprehensive Forensic DNA Analysis Grant Program

* 12. Funding Opportunity Number:

O-BJA-2024-172062

* Title:

BJA FY24 Formula DNA Capacity Enhancement for Backlog Reduction (CEBR) Program

13. Competition Identification Number:

Title:

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 FY24 CEBR Allocation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

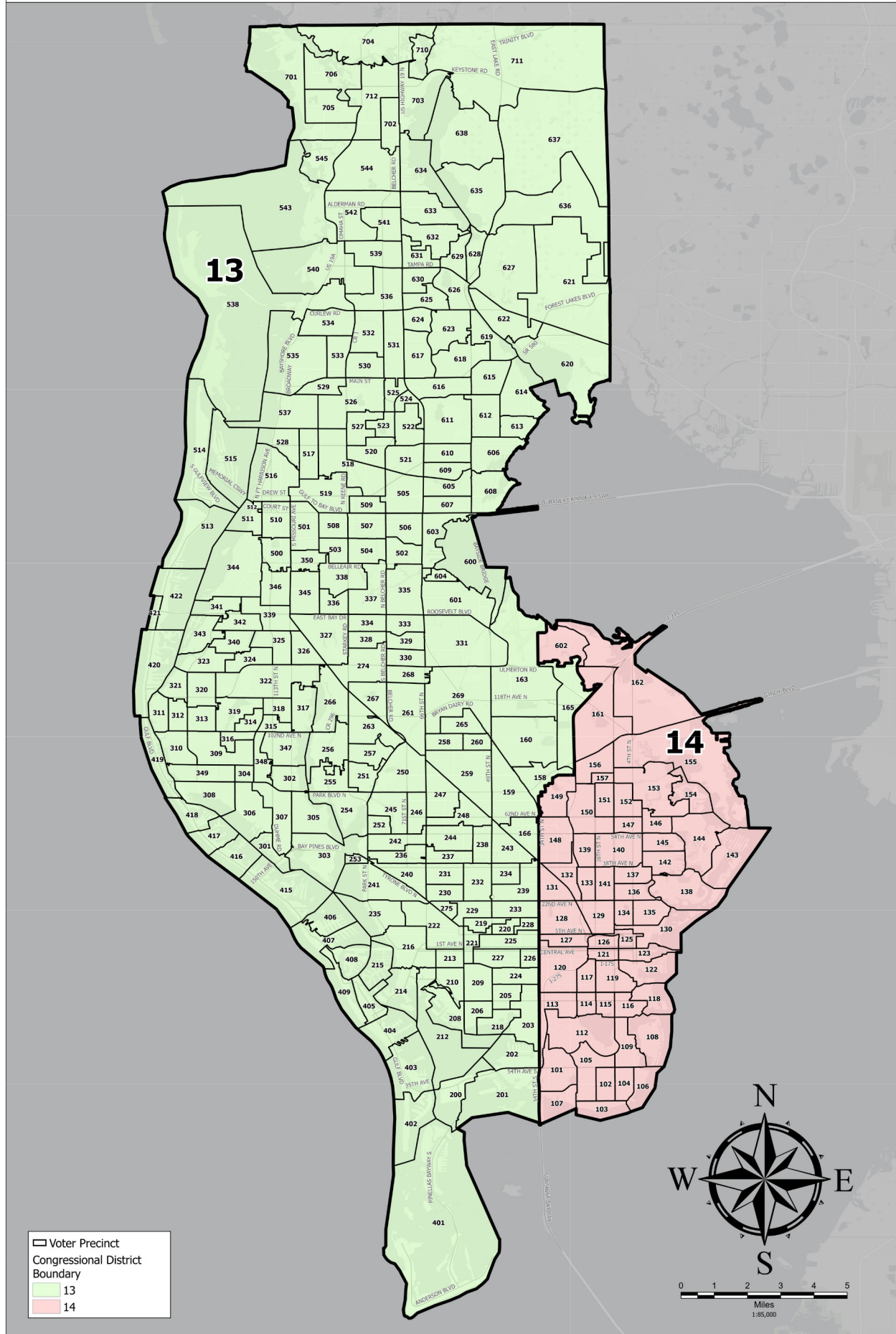
View Attachments

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.	
2022 WebMap Congressional Districts.pdf	<div>Add AttachmentDelete AttachmentView Attachment</div>
17. Proposed Project:	
* a. Start Date:	10/01/2024
* b. End Date:	09/30/2026
18. Estimated Funding (\$):	
* a. Federal	243,875.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	243,875.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<div><input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <div></div>.</div> <div><input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.</div> <div><input type="checkbox"/> c. Program is not covered by E.O. 12372.</div>	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div> <div>If "Yes", provide explanation and attach<div></div><div>Add AttachmentDelete AttachmentView Attachment</div></div>	
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)	
<div><input checked="" type="checkbox"/> ** I AGREE</div> <div>** 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.</div>	
Authorized Representative:	
Prefix:	Mr.
* First Name:	Barry
Middle Name:	
* Last Name:	Burton
Suffix:	
* Title:	County Administrator
* Telephone Number:	727-453-3201
Fax Number:	
* Email:	grants@pinellas.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.



VOTER PRECINCTS AND CONGRESSIONAL DISTRICTS

Pinellas County, Florida
Effective: May 24, 2022
Supervisor of Elections
Julie Marcus



DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013

Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <div style="display: flex; justify-content: space-between;"><input checked="" type="checkbox"/> Prime<input type="checkbox"/> SubAwardee</div> <div style="display: flex; justify-content: space-between;"><div>* Name Pinellas County Board of County Commissioners</div><div>* Street 1 c/o Office of Management and Budget</div><div>Street 2 14 South Fort Harrison Avenue. 5th Floor. Clearwater. F</div></div> <div style="display: flex; justify-content: space-between;"><div>* City Clearwater</div><div>State FL: Florida</div><div>Zip 33756-5105</div></div> <div>Congressional District, if known: FL-013</div>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: Bureau of Justice Assistance	7. * Federal Program Name/Description: Comprehensive Forensic DNA Analysis Grant Program <div style="display: flex; justify-content: space-between;"><div>CFDA Number, if applicable:</div><div>16.036</div></div>	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 243,875.00	
10. a. Name and Address of Lobbying Registrant: <div style="display: flex; justify-content: space-between;"><div>Prefix</div><div>* First Name N/A</div><div>Middle Name</div></div> <div style="display: flex; justify-content: space-between;"><div>* Last Name N/A</div><div>Suffix</div></div> <div style="display: flex; justify-content: space-between;"><div>* Street 1 N/A</div><div>Street 2</div></div> <div style="display: flex; justify-content: space-between;"><div>* City N/A</div><div>State</div><div>Zip</div></div>		
b. Individual Performing Services (including address if different from No. 10a) <div style="display: flex; justify-content: space-between;"><div>Prefix</div><div>* First Name N/A</div><div>Middle Name</div></div> <div style="display: flex; justify-content: space-between;"><div>* Last Name N/A</div><div>Suffix</div></div> <div style="display: flex; justify-content: space-between;"><div>* Street 1 N/A</div><div>Street 2</div></div> <div style="display: flex; justify-content: space-between;"><div>* City N/A</div><div>State</div><div>Zip</div></div>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. <div>* Signature: Completed on submission to Grants.gov</div> <div style="display: flex; justify-content: space-between;"><div>*Name:<div style="display: flex; justify-content: space-between;"><div>Prefix Mr.</div><div>* First Name Barry</div><div>Middle Name</div></div><div style="display: flex; justify-content: space-between;"><div>* Last Name Burton</div><div>Suffix</div></div></div><div style="display: flex; justify-content: space-between;"><div>Title: County Administrator</div><div>Telephone No.: (727) 464-3596</div><div>Date: Completed on submission to Grants.gov</div></div></div>		
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