

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:**

08/28/2023

4. Applicant Identifier:

PID 142135

5a. Federal Entity Identifier:

59-6000800

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Pinellas, County of c/o Office of Management and Budget

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

59-6000800

*** c. UEI:**

R37RMC63XKG1

d. Address:

*** Street1:**

400 S. Ft. Harrison Ave - 3rd Floor

Street2:

*** City:**

Clearwater

County/Parish:

*** State:**

FL: Florida

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

33756-0000

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Capital Improvements Division

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

Prefix:

Ms.

*** First Name:**

Anita

Middle Name:

*** Last Name:**

Wang

Suffix:

Title:

Engineer 2, Stormwater & Parks Section

Organizational Affiliation:

*** Telephone Number:**

727-453-3406

Fax Number:

*** Email:**

rbowman@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:

FEMA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

FEMA 4673-DR-FL

* Title:

Hazard Mitigation Grant Program (HMGP) for Hurricane Ian (DR-4673)

13. Competition Identification Number:

FEMA 4673-DR-FL

Title:

Hazard Mitigation Grant Program (HMGP) for Hurricane Ian (DR-4673)
(administered by Florida Division of Emergency Management (DEM))

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

12_HMGP-Ian_MAP_McKaySCADA_100Y1D.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Pinellas County, McKay Creek Operable Lake Controls and SCADA
(regional flood control / drainage improvement project)

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 * b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="1,000,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,000,000.00"/>

*** 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:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative:

* Date Signed:

Approved as to Form: *Brendan Mackesey*, Senior Assistant County Attorney