

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

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:**

\$244,904 To provide relief from rent and minimum annual guarantees to on-airport parking, on-airport car rental, and in-terminal airport concessions.

Attach supporting documents as specified in agency instructions.

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By M Zas Attorney