

**Application for Federal Assistance SF-424**

<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 <input type="checkbox"/> Revision  *Other (Specify) _____
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<b>*3. Date Received:</b> NA	<b>4. Applicant Identifier:</b> PIE (St Pete-Clearwater International) Clearwater, FL
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<b>*5b. Federal Entity Identifier:</b> 120075	<b>*5b. Federal Award Identifier:</b>
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**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
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**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** Pinellas County Board of Commissioners

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 59-6000800	<b>*c. Organizational DUNS:</b> 05-520-0216
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**d. Address:**

**\*Street 1:** 14700 TERMINAL BLVD., STE 221  
**Street 2:** \_\_\_\_\_  
**\*City:** CLEARWATER  
**County:** \_\_\_\_\_  
**\*State:** FL  
**Province:** \_\_\_\_\_  
**\*Country:** USA: United States  
**\*Zip / Postal Code** 33762

**e. Organizational Unit:**

<b>Department Name:</b>	<b>Division Name:</b>
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**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Mr. \_\_\_\_\_ **\*First Name:** Thomas \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_  
**\*Last Name:** Jewsbury \_\_\_\_\_  
**Suffix:** C.M. \_\_\_\_\_

**Title:** Airport Executive Director

**Organizational Affiliation:**

**\*Telephone Number:** 727-453-7801 **Fax Number:**

**\*Email:** 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 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:**

Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy, except airport development or land acquisition.

**Attach supporting documents as specified in agency instructions.**

