

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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text" value="3-12-0075-057-2026"/>	
5a. Federal Entity Identifier: <input type="text" value="3-12-0075-057-2026"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Pinellas, County of dba Board of County Commissioners"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-6000800"/>	* c. Organizational DUNS: <input type="text" value="0552002160000"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="c/o Office of Management and Budget"/>	Street2: <input type="text" value="14 S. Ft. Harrison, 5th Floor"/>	
* City: <input type="text" value="Clearwater"/>	County/Parish: <input type="text" value="Pinellas"/>	
* State: <input type="text" value="FL: Florida"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="33756-5165"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="St. Pete-Clearwater Int'l Apt"/>	Division Name: <input type="text" value="St. Pete-Clearwater Int'l Apt"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Mark"/>	
Middle Name: <input type="text" value="E."/>	* Last Name: <input type="text" value="Sprague"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Airport Director"/>	
Organizational Affiliation: <input type="text" value="The Airport is a department of Pinellas County Government"/>		
* Telephone Number: <input type="text" value="727 453-7802"/>	Fax Number: <input type="text" value="727 453-7846"/>	
* Email: <input type="text" value="msprague@fly2pie.com"/>		

**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:**

Federal Aviation Administration

**11. Catalog of Federal Domestic Assistance Number:**

20-106

CFDA Title:

Airport Improvement Program. This grant is PIE's FY23 Bipartisan Infrastructure Law AIG funding apportionment.

**\* 12. Funding Opportunity Number:**

Not Applicable

\* Title:

N/A

**13. Competition Identification Number:**

Not Applicable

Title:

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

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Design Phase 4 - Adjust Scope of Work for PIE's Passenger Terminal Improvements project.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="4,906,084.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="545,120.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,451,204.00"/>

**\* 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

**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 218, 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: