

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

**e. Organizational Unit:**

Department Name:	Division Name:
------------------	----------------

**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 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.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 9

\*b. Program/Project: 13

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

**17. Proposed Project:**

\*a. Start Date: NA

\*b. End Date: NA

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

*a. Federal	_____	\$244,904.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$244,904.

**\*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:            Mr. \_\_\_\_\_            \*First Name: Dave \_\_\_\_\_  
Middle Name:    \_\_\_\_\_  
\*Last Name:     Eggers \_\_\_\_\_  
Suffix:            \_\_\_\_\_

\*Title: Pinellas County Board of County Commissioners Chairman

\*Telephone Number: 727-464-3276

Fax Number:727-464-3022

\* Email: deggers@pinellascounty.org

\*Signature of Authorized Representative:

\*Date Signed: