

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"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/> EDA Control Number 112470	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> Pinellas County Board of County Commissioners		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 59-6000800	* c. Organizational DUNS: <input type="text"/> 0552002160000	
d. Address:		
* Street1:	<input type="text"/> Office of Management and Budget	
Street2:	<input type="text"/> 315 Court Street	
* City:	<input type="text"/> Clearwater	
County/Parish:	<input type="text"/> Pinellas	
* State:	<input type="text"/> FL: Florida	
Province:	<input type="text"/>	
* Country:	<input type="text"/> USA: UNITED STATES	
* Zip / Postal Code:	<input type="text"/> 33756-5165	
e. Organizational Unit:		
Department Name: <input type="text"/> Economic Development	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> Ms.	* First Name: <input type="text"/> Cindy	
Middle Name: <input type="text"/>		
* Last Name: <input type="text"/> Margiotta		
Suffix: <input type="text"/>		
Title: <input type="text"/> Senior Economic Development Manager		
Organizational Affiliation: <input type="text"/> Economic Development is a department of Pinellas County Gov.		
* Telephone Number: <input type="text"/> 727-464-7398	Fax Number: <input type="text"/>	
* Email: <input type="text"/> cmargiotta@pinellascounty.org		

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*** 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:**

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*** 12. Funding Opportunity Number:**

EDA-2018-DISASTER

* Title:

FY 2018 EDA Disaster Supplemental

13. Competition Identification Number:

CONSTRUCTION

Title:

EDA Construction Full Application

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

Form 424 Question 14 Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Tampa Bay Innovation Center Incubator

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 (\$):

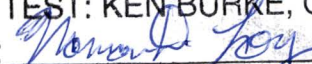
* a. Federal	<input type="text" value="7,463,295.00"/>
* b. Applicant	<input type="text" value="4,536,705.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="12,000,000.00"/>

*** 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

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:

ATTEST: KEN BURKE, CLERK
By: 
Deputy Clerk

