OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424			
* 1. Type of Submission: Preapplication Application	* 2. Type of Application: * If Revision, select appropriate letter(s): New Continuation * Other (Specify):		
Changed/Corrected Application Revision			
* 3. Date Received: 4. Applicant Identifier:			
5a. Federal Entity Identifier:	5b. Federal Award Identifier:		
	A - 00402120		
State Use Only:			
6. Date Received by State:	7. State Application Identifier:		
8. APPLICANT INFORMATION:			
*a.Legal Name: Pinellas County dba Board of County Commissioners			
* b. Employer/Taxpayer Identification	Number (EIN/TIN): * c. UEI:		
59-6000800	R37RMC63XKG1		
d. Address:	·		
* Street1: c/o Office	c/o Office of Management and Budget		
Street2: 14 S. Ft.	treet2: 14 S. Ft. Harrison Ave - 5th FL		
* City: Clearwater			
County/Parish:	ounty/Parish:		
* State: FL: Floric	ste: FL: Florida		
Province:			
* Country: USA: UNITE	D STATES		
* Zip / Postal Code: 33756-5338			
e. Organizational Unit:			
Department Name:	Division Name:		
Public Works	Environmental Management		
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Ms.	* First Name: Sheila		
Middle Name: E.			
* Last Name: Schneider			
Suffix: MSCM			
Title: Environmental Division Manager 1			
Organizational Affiliation:			
Air Quality Division			
* Telephone Number: (727) 464-4422 Fax Number: (727) 464-4422			
*Email: sschneider@pinellascounty.org			

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:		
United States Environmental Protection Agency		
11. Catalog of Federal Domestic Assistance Number:		
66.001		
CFDA Title:		
Air Pollution Control Program Support		
* 12. Funding Opportunity Number:		
EPA-CEP-01		
* Title:		
EPA Mandatory Grant Program		
13. Competition Identification Number:		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
Pinellas County, FL.pdf Add Attachment Delete Attachment View Attachment		
Principal Princi		
* 15. Descriptive Title of Applicant's Project:		
Air Pollution Control, Program support CAA Section 105; Ambient monitoring, compliance inspections & enforcement, etc.		
Inspections a enforcement, etc.		
Attach supporting documents as specified in agency instructions.		
Add Attachments Delete Attachments View Attachments		

Application for Federal Assistance SF-424		
16. Congressional Districts Of:		
* a. Applicant	L-013 * b. Program/Project FL-013	
Attach an additional list of Program/Project Congressional Districts if needed.		
Pinellas Count	Y_Congressional Districts.pd Add Attachment Delete Attachment View Attachment	
17. Proposed Project:		
* a. Start Date: 10/01/2021 * b. End Date: 09/30/2023		
18. Estimated Funding (\$):		
* a. Federal	537,300.00	
* b. Applicant	1,374,920.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	550,000.00	
* g. TOTAL	2,462,220.00	
* 19. Is Application	Subject to Review By State Under Executive Order 12372 Process?	
a. This applicat	on was made available to the State under the Executive Order 12372 Process for review on	
b. Program is s	bject to E.O. 12372 but has not been selected by the State for review.	
C. Program is n	ot 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 ex	planation and attach	
	Add Attachment Delete Attachment View Attachment	
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)		
★*IAGREE		
** 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: Mrs.	* First Name: Kelli	
Middle Name:		
* Last Name: Hammer Levy		
Suffix: MS, N	PA,CPM	
*Title: Director, Public Works Department		
* Telephone Number: (727) 464-3317 Fax Number:		
* Email: klevy@pinellascounty.org		
* Signature of Authorized Representative: ### Place Signed: 7/23/21 Approved as to Form: Brendan Mackesey, Agst Cty Atty		