

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

PIE-St. Pete-Clearwater International Airport

5a. 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 dba Board of County Commissioners

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

59-6000800

*** c. Organizational DUNS:**

05-520-0216

d. Address:

*** Street1:**

c/o Office of Management and Budget, 14 S. Ft. Harrison Ave - 5th Floor

Street2:

*** City:**

Clearwater

County/Parish:

Pinellas

*** State:**

Florida

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

33756

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:**

Charlie

Middle Name:

*** Last Name:**

Justice

Suffix:

Title:

Chairman

Organizational Affiliation:

*** Telephone Number:**

727-464-3363

Fax Number:

*** Email:**

cjustice@pinellascounty.org

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* 9. Type of Applicant 1: Select Applicant Type:

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:

N/A

* Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

\$4,914,957 for the Infrastructure Investment and Jobs Act (BIL) for a variety of maintenance and improvements projects to the airport.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant **9**

* b. Program/Project **13**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **N/A**

* b. End Date: **N/A**

18. Estimated Funding (\$):

* a. Federal	\$4,914,957
* b. Applicant	\$546,106
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$5,461,063

*** 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

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)

** 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: **Charlie**
Middle Name:
* Last Name: **Justice**
Suffix:

* Title: **Commission Chairman**

* Telephone Number: **727-464-3363** Fax Number:

* Email: **cjustice@pinellascounty.org**

* Signature of Authorized Representative: * Date Signed:

APPROVED AS TO FORM

By: Joseph Morrissey
Office of the County Attorney