

**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

Application for Federal Assistance SF-424

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

**\* 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.

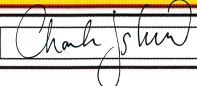
Authorized Representative:

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: **May 25, 2022.**

APPROVED AS TO FORM

By: Joseph Morrissey  
Office of the County Attorney