

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"/>
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* 3. Date Received: June 21, 2022	4. Applicant Identifier: 3-12-0075-052-2022
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5a. Federal Entity Identifier: 3-12-0075-052-2022	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: Pinellas, County of dba Board of County Commissioners

* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800	* c. Organizational DUNS: 0552002160000
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d. Address:

* Street1: c/o Office of Management and Budget
Street2: 14 S. Ft. Harrison, 5th Floor
* City: Clearwater
County/Parish: Pinellas
* State: FL: Florida
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 33756-5165

e. Organizational Unit:

Department Name: St. Pete-Clearwater Int'l Apt	Division Name: St. Pete-Clearwater Int'l Apt
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. * First Name: Thomas
Middle Name: R.
* Last Name: Jewsbury
Suffix:

Title: Airport Director

Organizational Affiliation:
The Airport is a department of Pinellas County Government

* Telephone Number: 727 453-7801 Fax Number: 727 453-7846

* Email: jewsbury@fly2pie.com

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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:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20-106

CFDA Title:

Airport Improvement Program

*** 12. Funding Opportunity Number:**

Not Applicable

* Title:

N/A

13. Competition Identification Number:

Not Applicable

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

This AIP grant consists of the design phase of the construction of new Airco Taxiway "D" and the reconstruction of Taxiway "G3".

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="637,672.00"/>
* b. Applicant	<input type="text" value="35,426.00"/>
* c. State	<input type="text" value="35,426.00"/>
* 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="708,524.00"/>

*** 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:

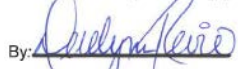
* Title:

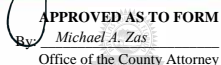
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

ATTEST: KEN BURKE, CLERK

By: 

APPROVED AS TO FORM
By: 
Office of the County Attorney

