Application for Federal Assistance SF-424									
* 1. Type of Submissic Preapplication Application Changed/Correc		* 2. Type of Application: New Continuation Revision			Revision, select appropriate letter(s):				
* 3. Date Received:		4. Applicant Identifier:							
5a. Federal Entity Ider	ntifier:				b. Federal Award Identifier: 3-17-UC-12-0005				
State Use Only:									
6. Date Received by S	State:	7. State Applicatio	n Id	lentif	tifier:				
8. APPLICANT INFO	RMATION:								
* a. Legal Name: Pi	nellas County	У							
* b. Employer/Taxpaye	er Identification Nur	imber (EIN/TIN):			c. Organizational DUNS:				
d. Address:			_						
Street2:	315 Court Str Clearwater	reet							
County/Parish:			_						
* State:					FL: Florida				
Province:									
* Country:				USA: UNITED STATES					
* Zip / Postal Code: 33756-5139									
e. Organizational Un	nit:								
Department Name:				Div	ivision Name:				
Planning Department			Community Development						
f. Name and contact	f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:		* First Na	me:		Cheryl				
Middle Name: Coll	ler]				
* Last Name: Reed	1								
Suffix:	Suffix:								
Title: Grants Manager									
Organizational Affiliation:									
* Telephone Number:	727-464-8234	4	_		Fax Number: 727-464-8254				
* Email: creed@pin			-	_					

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:
US Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
14-218
CFDA Title:
Community Development Block Grants/Entitlement Grants
* 12. Funding Opportunity Number:
FR-6100-N-01
* Title:
General Section
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
CDBG: acquisition, public facilities and improvements, demolition and clearance, code enforcement, housing rehabilitation, homeownership assistance, and public services.
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 FL0910 * b. Program/Project FL0910
Attach an additional list of Program/Project Congressional Districts if needed.
Add Attachment Delete Attachment View Attachment
17. Proposed Project:
* a. Start Date: 10/01/2017 * b. End Date: 09/30/2018
18. Estimated Funding (\$):
* a. Federal 2,489,866.00
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income 240,000.00
* g. TOTAL 2,729,866.00
* 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
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: * First Name: Janet
Middle Name: C.
* Last Name: Long
Suffix:
* Title: Chairman, Board of County Commissioners
* Telephone Number: 727-464-3365
* Email: JanetCLong@pinellascounty.org
* Signature of Authorized Representative:
ATTEST: KENDULDKE OF JACKE OF JACKE AND STILLE
THE OUTRE, CLERK
By: 10 mart - for
Deputy Clerk

Application for Federal Assistance SF-424								
* 1. Type of Submissi	ion:	* 2. Type of Application:	* If Rev	vision, select appropria	ate letter(s):			
Preapplication		New						
Application		Continuation	* Other	r (Specify):				
Changed/Corre	ected Application	Revision						
* 3. Date Received:		4. Applicant Identifier:						
5a. Federal Entity Ide	ntifier:		5b.	Federal Award Identi	fier:			
			M - 1	M-17-DC-12-0217				
State Use Only:								
6. Date Received by S	State:	7. State Application	Identif	ier:				
8. APPLICANT INFO	DRMATION:							
* a. Legal Name: P:	inellas County							
* b. Employer/Taxpay	er Identification Nur	nber (EIN/TIN):	* C.	Organizational DUNS	S:			
59-6000800			05	52002160000				
d. Address:								
* Street1:	315 Court Str	eet						
Street2:								
* City:	Clearwater							
County/Parish:	ish:							
* State:				FL: Florida				
Province:								
* Country:	* Country: USA: UNITED STATES							
* Zip / Postal Code: 33756-5139								
e. Organizational U	nit:							
Department Name:			Divi	ision Name:				
Planning Depart	tment		Co	mmunity Develop	oment			
f. Name and contac	t information of p	erson to be contacted on ma	atters	involving this appli	ication:			
Prefix:		* First Name	: [Cheryl				
Middle Name: Col	ler							
* Last Name: Ree	d							
Suffix:								
Title: Grants Man	ager							
Organizational Affiliat	ion:							
* Telephone Number:	727-464-8234			Fax Number:	727-464-8254			
* Email: creed@pi	nellascounty.	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:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14-239	
CFDA Title:	
HOME Investment Partnerships Program	
* 12. Funding Opportunity Number:	
FR-6100-N-01	
* Title:	
General Section	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Add Attachment Delete Attachment View Attachment	
* 15. Descriptive Title of Applicant's Project:	
HOME: housing rehabilitation and construction, acquisition, and direct homeownership assistance.	
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	FL0910				* b. Program/Project	FL0910		
Attach an additional	list of Program/Project Co	ngressional Districts	s if needed	l				
			Add Atta	achment	Delete Attachment	View	Attachment	and the second
17. Proposed Proj	ect:							
* a. Start Date: 10	0/01/2017				* b. End Date	: 09/30/:	2018	
18. Estimated Fun	ding (\$):							
* a. Federal		1,079,510.00						
* b. Applicant								
* c. State	Restaurant States							
* d. Local	The second s							
* e. Other								
* f. Program Income		800,000.00						
* g. TOTAL		1,879,510.00						
	n Subject to Review By		utive Orde	ar 19279 Dra				
						. Г		-
_	tion was made available					liew on		_ <u>.</u>
_	subject to E.O. 12372 bu		ected by	the State for	review.			
C. Program is r	not covered by E.O. 123	72.						
* 20. Is the Applica	ant Delinquent On Any F	ederal Debt? (If	'Yes," pro	ovide explan	ation in attachment.)			
Yes [No							
If "Yes", provide ex	xplanation and attach							
			Add Atta	achment	Delete Attachment	View	Attachment	
04 tD								
	is application, I certify omplete and accurate							
	esulting terms if I accep ninal, civil, or administra					nt statemen	ts or claims m	ay
** I AGREE			.o. oouo,	1100 210, 00				
	officers and economics	an internet site		man abtain t	bis list is contained in	the second		
specific instructions.	cations and assurances, o	or an internet site v	vnere you	may obtain t	nis list, is contained ir	the annour	icement or ager	тсу
Authorized Repres	sentative:							
Prefix:		* Eiret	Name:	Janet			6	7
		FIISU	Name.	Janet		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
					1.1	30 - CAS		_
* Last Name: Lor	ıg	1					11.	
Suffix:						ITY CO	100111	
* Title: Chair	rman, Board of Cour	nty Commission	ers	1	Contraction in the second			A Contraction
* Telephone Numbe	r: 727-464-3365			Fax	Number: 927-464-	3022		
* Email: JanetCLo	ong@pinellascounty	.org			10:5	EA		
* Signature of Autho	rized Representative:	A	11	and	1.	CONTRACT.	* Date Signed:	8.1.17
ATTERT	N BURKE, CL	RK/ane	CG.	(Ta	Ag		·*** = .	and and a second
Al kom	artit	V		1	', '5	COULT	4.4.3	1 P.S.
By: _ Lorg	eputy Clerk				· · · · · · · · · · · · · · · · · · ·			
L	opart and							

OMB Number: 4040-0004 Expiration Date: 10/31/2019

Application for Federal Assistance SF-424									
* 1. Type of Submissi Preapplication Application Changed/Corre	ion: ected Application	New		Revision, select approp ther (Specify):	opriate letter(s):				
* 3. Date Received:		4. Applicant Identifier:							
5a. Federal Entity Ide	entifier:			5b. Federal Award Identifier: E-16-UC-12-0018					
State Use Only:	122		_						
6. Date Received by \$	State:	7. State Application I	lder	ntifier:					
8. APPLICANT INFO	ORMATION:								
* a. Legal Name: Pi	inellas County								
* b. Employer/Taxpay	ver Identification Nur	nber (EIN/TIN):	1 r	* c. Organizational DL 0552002160000	UNS:				
d. Address:									
* Street1: Street2: * City:	315 Court Str	eet							
County/Parish:									
* State: Province:			_	FL: Florid	.da				
* Country:			_	USA: UNITED S	STATES				
* Zip / Postal Code:	33756-5139								
e. Organizational U	nit:								
Department Name:			I	Division Name:					
Planning Depart	tment			Community Development					
f. Name and contac	t information of po	erson to be contacted on ma	atte	ers involving this ap	pplication:				
Prefix:		* First Name:	:	Cheryl					
Middle Name: Col	ler								
* Last Name: Reed	d	7							
	ager		_						
Organizational Affiliation:									
* Telephone Number:	727-464-8234			Fax Numb	ber: 727-464-8254				
* Email: creed@pi	nellascounty.	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:
US Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
14-231
CFDA Title:
Emergency Solutions Grant
* 12. Funding Opportunity Number:
FR-6100-N-01
* Title:
General Section
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project: ESG: homelessness prevention, rapid re-housing, street outreach, emergency shelter, and data collection (HMIS).
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 FL0910 * b. Program/Project FL0910
Attach an additional list of Program/Project Congressional Districts if needed.
Add Attachment Delete Attachment View Attachment
17. Proposed Project:
* a. Start Date: 10/01/2017 * b. End Date: 09/30/2018
18. Estimated Funding (\$):
* a. Federal 222,856.00
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 222,856.00
* 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
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: * First Name: Janet
Middle Name: C.
* Last Name: Long
Suffix:
* Title: Chairman, Board of County Commissioners
* Telephone Number: 727-464-3365 Fax Number: 727-464-3022
* Email: JanetCLong@pinellascounty.org
* Signature of Authorized Representative:
anetly gaag
By: Chanter CLERK
Deputy Clerk