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

Application for Federal Assistance SF-424						
*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s):				
☐ Preapplication	New					
	☐ Continuation	*Other (Specify)				
☐ Changed/Corrected Application	Revision					
*3. Date Received:  Applicant Identifier:  PIE (St Pete-Clearwater International) Clearwater, FL						
*5b. Federal Entity Identifier: 120075		*5b. Federal Award Identifier:				
State Use Only:						
6. Date Received by State:	7. State App	lication Identifier:				
8. APPLICANT INFORMATION:						
*a. Legal Name: Pinellas County Board of Commissioners						
*b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800		*c. Organizational DUNS: 05-520-0216				
d. Address:						
*Street 1: <u>14700 TERMINAL BLVD., STE 221</u>						
Street 2:						
*City: <u>CLEARW</u>	ATER					
County:						
*State: <u>FL</u>						
Province:						
*Country: <u>USA: Unit</u>	ed States					
*Zip / Postal Code <u>33762</u>						
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: Thomas						
Middle Name:						
*Last Name: <u>Jewsbury</u>						
Suffix: C.M.						
Title: Airport Executive Director						
Organizational Affiliation:						
*Telephone Number: 727-453-7801 Fax Number:						
*Email: jewsbury@fly2pie.com						

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Application for Federal Assistance SF-424
*9. Type of Applicant 1: Select Applicant Type:  X. 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 Program
*12. Funding Opportunity Number:
<u>NA</u>
*Title:
NA NA
13. Competition Identification Number:
<u>NA</u>
Title:
<u>NA</u>
14. Areas Affected by Project (Cities, Counties, States, etc.):
*15. Descriptive Title of Applicant's Project:
Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy, except airport development or land acquisition.
Attach supporting documents as specified in agency instructions.

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Application for Federal Assistance SF-424							
16. Congressional Districts Of:							
*a. Applicant: 9							
Attach an additional list of Program/Project Congressional Districts if needed.							
17. Proposed Project:							
*a. Start Date: NA *b. End Date: NA							
18. Estimated Funding (\$):							
*a. Federal	\$8,737,268.						
*b. Applicant	\$0						
*c. State	\$0	<del>_</del>					
*d. Local	\$0						
*e. Other		<del></del>					
*f. Program Incon *g. TOTAL	<u> </u>	<del>_</del>					
g. 101/12	\$8,737,268.	<u>.                                    </u>					
*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:	<u>Mr.</u> *	First Name: Barry					
Middle Name:	Α.						
*Last Name:	Burton						
Suffix:							
*Title: County Administrator							
*Telephone Numb	er: 727-453-3089						
* Email: <u>bburton@co.pinellas.fl.us</u>							
*Signature of Authorized Representative: kovy button *Date Signed: April 27, 2020							

