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

| Application for Federal Assistance SF-424 | | | | | | |
|--|-----------------------|---|--|--|--|--|
| *1. Type of Submission: | *2. Type of Applicati | on * 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 Ap | plication Identifier: | | | | |
| 8. APPLICANT INFORMATION: | | | | | | |
| *a. Legal Name: Pinellas County Boa | ard of Commissioners | | | | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800 | | *c. Organizational DUNS: 05-520-0216 | | | | |
| d. Address: | | | | | | |
| *Street 1: 14700 TERMINAL BLVD., STE 221 | | | | | | |
| Street 2: | | | | | | |
| *City: CLEARWA | TER | | | | | |
| County: | | | | | | |
| *State: <u>FL</u> | | | | | | |
| Province: | | | | | | |
| *Country: <u>USA: Unite</u> | ed States | | | | | |
| *Zip / Postal Code 33762 | | | | | | |
| 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: <u>C.M.</u> | | | | | | |
| Title: Airport Executive Director | | | | | | |
| Organizational Affiliation: | | | | | | |
| *Telephone Number: 727-453-7801 Fax Number: | | | | | | |
| *Email: jewsbury@fly2pie.com | | | | | | |

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

| 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. |

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

| 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 | _ | | | | | |
| *d. Local | \$0 | | | | | | |
| *e. Other | | | | | | | |
| *f. Program Incon *g. TOTAL | <u> </u> | _ | | | | | |
| 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: *Date Signed: April 27, 2020 | | | | | | | |

