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

Application for Federal Assistance SF-424					
*1. Type of Submission:	*2. Type of Application	on * If Revision, select appropriate letter(s):			
☐ Preapplication	⊠ New				
	☐ Continuation	*Other (Specify)			
☐ Changed/Corrected Application	Revision				
*3. Date Received: 4. Applicant Identifier: NA PIE (St Pete-Clearwater International) Clearwater, FL					
*5b. Federal Entity Identifier: 12-0075		*5b. Federal Award Identifier:			
State Use Only:					
6. Date Received by State:	7. State Ap	plication Identifier:			
8. APPLICANT INFORMATION:	<u> </u>				
*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: <u>14700 TER</u>	RMINAL BLVD., STE 22	21			
Street 2:					
*City: <u>CLEARWA</u>	CLEARWATER				
County/Parish:					
*State: <u>FL</u>	<u>FL</u>				
Province:					
*Country: <u>USA: Unite</u>	USA: United 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					

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*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 Improvement Program				
*12. Funding Opportunity Number:				
<u>NA</u>				
*Title:				
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:				
\$244,904 To provide relief from rent and minimum annual guarantees to on-airport parking, on-airport car rental, and in-terminal airport concessions.				
Attach supporting documents as specified in agency instructions.				

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16. Congressional Distric	ts Of:				
*a. Applicant: 9	*b. Program/Pro	ect: 13			
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 (\$)	y:				
*a. Federal	\$244,904.				
*b. Applicant	\$0				
*c. State	\$0				
*d. Local					
*e. Other	\$0				
*f. Program Income	\$0_				
*g. TOTAL	\$244,904.				
□ b. Program is subject to □ c. Program is not cover *20. Is the Applicant Delia □ Yes □ No If "Yes", provide explanate 21. *By signing this applicate herein are true, complete as with any resulting terms if I me to criminal, civil, or adm □ ** I AGREE	need by E. O. 12372 Inquent On Any Federal Debt? (Ition and attach Ition, I certify (1) to the statements accurate to the best of my know accept an award. I am aware tha inistrative penalties. (U. S. Code, and assurances, or an internet site.)	"Yes", provide explanation in attaction in a	and (2) that the statements surances** and agree to comply ements or claims may subject		
Authorized Representativ	e:				
Prefix: Mr. Middle Name: *Last Name: Eggers Suffix:	*First Name: <u>D</u>	ve			
*Title: Pinellas County Boar	rd of County Commissioners Chair	nan			
*Telephone Number: 727-4		Fax Number 727-464-8	APPROVED AS SE		
*Email: deggers@pinellase	county.org	73Vn07.5	OFFICE OF COUNTRY		
Signature of Authorized Re	epresentative gre	Eggs Ysille	ate Signed: 4/13/2021		

APPROVED AS TO FORM OFFICE OF COUNTY ATTORNEY