Application for Federal Assistan	ice SF-424	
*1. Type of Submission:	*2. Type of Application	on * If Revision, select appropriate letter(s):
Preapplication	🛛 New	
Application	Continuation	*Other (Specify)
Changed/Corrected Application	Revision	
	Applicant Identifier:	
	IE (St Pete-Clearwater	r 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:		
*a. Legal Name: Pinellas County Boa	rd of Commissioners	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000800		*c. Organizational DUNS: 05-520-0216
d. Address:		
*Street 1: <u>14700 TEF</u>	RMINAL BLVD., STE 22	21
Street 2:		
*City: <u>CLEARWA</u>	TER	
County/Parish:		
*State: <u>FL</u>		
Province:		
*Country: <u>USA: Unite</u>	d States	
*Zip / Postal Code <u>33762</u>		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of	f person to be contac	ted on matters involving this application:
Prefix: <u>Mr.</u> *F	First Name: Thomas	
Middle Name:		
*Last Name: <u>Jewsbury</u>		
Suffix: <u>C.M.</u>		
Title: Airport Executive Di	rector	
Organizational Affiliation:		
*Telephone Number: 727-453-7801		Fax Number:
*Email: jewsbury@fly2pie.com		

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 Improvement Program
*12. Funding Opportunity Number:
NA
*Title:
<u>NA</u>
13. Competition Identification Number:
<u>NA</u>
Title:
NA
14. Areas Affected by Project (Cities, Counties, States, etc.):
*15. Descriptive Title of Applicant's Project:
\$4,561,942 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens
at the airport, and debt service payments.

Attach supporting documents as specified in agency instructions.

46	Federal Assistance SF-424	· · · · · · · · · · · · · · · · · · ·
<ul><li>16. Congressiona</li><li>*a. Applicant: 9</li></ul>	*b. Program/Project: 13	
Attach an addition	al list of Program/Project Congressional Districts if needed.	
17. Proposed Pro	oject:	
*a. Start Date: NA	*b. End Dat	e: NA
18. Estimated Fu	nding (\$):	
*a. Federal	\$4,561,942.	
*b. Applicant	\$0	
*c. State	\$0	
*d. Local	\$0	
*e. Other		
*f. Program Incom		
*g. TOTAL	\$4,561,942.	
*19. Is Applicatio	on Subject to Review By State Under Executive Order 12372 P	rocess?
	ation was made available to the State under the Executive Order 1	
	subject to E.O. 12372 but has not been selected by the State for n	
	not covered by E. O. 12372	
	⊠ No explanation and attach	
If "Yes", provide 21. *By signing this herein are true, co with any resulting t		he required assurances** and agree to o fraudulent statements or claims may sub
If "Yes", provide 21. *By signing this herein are true, co with any resulting t	explanation and attach s application, I certify (1) to the statements contained in the list of mplete and accurate to the best of my knowledge. I also provide t terms if I accept an award. I am aware that any false, fictitious, or	he required assurances** and agree to c fraudulent statements or claims may sub
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APPROVED AS TO FORM OFFICE OF COUNTY ATTORNEY

M Zas Attorney By \_\_\_\_\_