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

Application for Federal Assistance SF-424						
*1. Type of Submission:	*2. Type of Applicati	ion * 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: 12-0075		*5b. Federal Award Identifier:				
State Use Only:						
6. Date Received by State:	7. State Ap	olication 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: 14700 TERMINAL BLVD., STE 221						
Street 2:						
*City: <u>CLEARW</u>	ATER					
County/Parish:						
*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: <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:
1 ypo 61 / ppilodit. 2.
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
<u> </u>
13. Competition Identification Number:
<u>NA</u>
Title:
<u>NA</u>
14. Areas Affected by Project (Cities, Counties, States, etc.):
14. Aleas Allected by Floject (Cities, Counties, States, etc. j.
*15. Descriptive Title of Applicant's Project:
\$783,694 to provide relief from rent and minimum annual guarantees to eligible small airport concessions located at primary airports.
\$195,923 to provide relief from rent and minimum annual guarantees to eligible large airport concessions located at primary airports.
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	*b. Prog	*b. Program/Project: 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 (\$):							
*a. Federal	\$979,617						
*b. Applicant	\$0						
*c. State	\$0						
*d. Local *e. Other *f. Program Income _ *g. TOTAL	\$0						
	\$0						
	\$979,617						
*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 Represer	tative:						
Prefix: Mr. Middle Name: Egg *Last Name: Egg		ame: <u>Dave</u>		APPROVED AS TO FORM By: Michael A. Zas Office of the County Attorney			
*Title: Chairman of the Board of County Commissioners							
*Telephone Number:							
* Email: deggers@pinellascounty.org							
*Signature of Authorize	*Date Signed:						