Application for Federal Assistance SF-424						
*1. Type of Submission:	*2. Type of Applicati	on * If Revision, select appropriate letter(s):				
Preapplication	🖾 New	⊠ New				
Application	Continuation	*Other (Specify)				
Changed/Corrected Application	Changed/Corrected Application					
*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 Application Identifier:						
8. APPLICANT INFORMATION:						
*a. Legal Name: Pinellas County Board of Commissioners						
*b. Employer/Taxpayer Identification	ו Number (EIN/TIN):	*c. Organizational DUNS:				
59-6000800		05-520-0216				
d. Address:						
*Street 1: <u>14700 TERMINAL BLVD., STE 221</u>						
	Street 2:					
County/Parish:						
*State: <u>FL</u>						
•	SA: United 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: <u>Mr.</u>	*First Name: <u>Thomas</u>					
Middle Name:						
*Last Name: <u>Jewsbury</u>						
uffix: <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:				
<u>NA</u>				
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:				
\$9,809,329 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens				

at the airport, and debt service payments.

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16. Congressional Districts Of:						
*a. Applicant: 9	*b	*b. Program/Project: 13				
Attach an additional list of Program/Project Congressional Districts if needed.						
17. Proposed Project:						
*a. Start Date: NA	4	*b	. End Date: NA			
18. Estimated Funding (\$):						
*a. Federal	\$9,809,329					
*b. Applicant *c. State	\$0					
*d. Local	\$0					
*e. Other	\$0					
*f. Program Incon	ne\$0					
*g. TOTAL	\$9,809,329					
□ 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 □						
agency specific instructions.						
Authorized Representative:						
Middle Name:	Mr. *F	ïrst Name: <u>Dave</u>	t Name: <u>Dave</u> APPROVED AS TO FORM By: <u>Michael A. Zas</u> Office of the County Attorney			
*Title: Chairman of the Board of County Commissioners						
*Telephone Number: 727-464-3276			Fax Number:			
* Email: deggers@pinellascounty.org						
*Signature of Authorized Representative: Cave Eggus (SEAL) *Date Signed: 11/9/2021						
		THUS COURT SHIT				