Pinellas County

Staff Report

File #: 22-0814A, **Version:** 1 **Agenda Date:** 6/21/2022

Subject:
Grant application for federal assistance submission to the Federal Aviation Administration for the design of new taxiways at the St. Pete-Clearwater International Airport.

Recommended Action:
Approval of the grant application for federal assistance to develop the plans and specifications for new taxiways at the St. Pete-Clearwater International Airport (PIE).

- Currently, there is no connectivity from PIE's airfield to the Airco parcel located adjacent to PIE.
- To provide that connectivity, two new taxiways need to be constructed between PIE and Airco in order for aeronautical tenants to begin development.
- This project consists of the development of the plans and specifications for the construction of Taxiways "D" and "G3".
- This document is PIE's annual Federal Aviation Administration (FAA) grant that consists of PIE's passenger entitlements, which is usually approximately $4M. The rest of the unused entitlements are rolled over to Fiscal Year 2023.
- This grant pays for 90% of the design costs, while PIE pays for 5% and Florida Department of Transportation (FDOT) pays for 5%.
- PIE is requesting $637,672.00 from the FAA. FDOT will pay $35,426.00 and PIE will pay $35,426.00. The total cost is $708,524.00.

Strategic Plan:
Foster Continual Economic Growth and Vitality
4.4 Invest in infrastructure to meet current and future needs
4.5 Provide safe and effective transportation systems to support the efficient flow of motorists, commerce, and regional connectivity

Summary:
This FAA Airport Improvement Program (AIP) grant application is requesting approximately $637,672 to begin design. This project is budgeted in PIE's CIP in FY22, with the construction beginning in FY23.

Background Information:
The objective of this funding is to design Taxiways "D" and "G3" that will serve Airco's aeronautical development. The project will be designed to all current FAA design standards and in coordination with the FAA.

This project will be bid in the Spring of 2023 so next year's AIP grant application will include the

construction bid of the taxiways.

Fiscal Impact:
The costs of design are included in PIE's CIP budget for FY22. The PID number is 000034A.

Staff Member Responsible:
Thomas R. Jewsbury, Director, St. Pete-Clearwater International Airport

Partners:
FAA
FDOT

Attachments:
Application for Federal Assistance
Intent to Apply E-mail

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier
June 21, 2022	3-12-0075-052-2022

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
3-12-0075-052-2022	

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Pinellas, County of dba Board of County Commissioners

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
59-6000800	0552002160000

d. Address:

* Street1:	c/o Office of Management and Budget
Street2:	14 S. Ft. Harrison, 5th Floor
* City:	Clearwater
County/Parish:	Pinellas
* State:	FL: Florida
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	33756-5165

e. Organizational Unit:

Department Name:	Division Name:
St. Pete-Clearwater Int'l Apt	St. Pete-Clearwater Int'l Apt

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Mr.	* First Name:	Thomas
Middle Name:	R.		
* Last Name:	Jewsbury		
Suffix:			

Title: Airport Director

Organizational Affiliation:
The Airport is a department of Pinellas County Government

* Telephone Number:	727 453-7801	Fax Number:	727 453-7846

* Email: jewsbury@fly2pie.com

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

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:**

Not Applicable

* Title:

N/A

13. Competition Identification Number:

Not Applicable

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

This AIP grant consists of the design phase of the construction of new Airco Taxiway "D" and the reconstruction of Taxiway "G3".

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 10th
* b. Program/Project: 10th

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2021
* b. End Date: 09/30/2022

18. Estimated Funding ($):

* a. Federal	637,672.00
* b. Applicant	35,426.00
* c. State	35,426.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	708,524.00

*** 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
- [x] 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
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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)**

- [x] ** 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: Mr.
* First Name: Charlie
Middle Name:
* Last Name: Justice
Suffix:

* Title: Chairman, Board of County Commissioners

* Telephone Number: 727 464-3363
Fax Number:

* Email: cjustice@pinellascounty.org

* Signature of Authorized Representative: Charlie Justice
* Date Signed: 06/22/2022

ATTEST: KEN BURKE, CLERK

By: Evelyn Rivera

APPROVED AS TO FORM
By: Michael A. Zas
Office of the County Attorney

BOARD OF COUNTY COMMISSIONERS SEAL PINELLAS COUNTY FLORIDA