



MITIGATION

POINT OF CONTACT

PROJECT #: 4337-504-R UPDATED DATE: 8/1/2024

PROJECT TITLE: Pinellas County, 16 Mast Arm Hardening, Utility Protective Measures

PRIMARY POINT OF CONTACT (POC): Must be an employee of the Sub-Recipient

NAME & TITLE: Robert Meador, P.E., Manager, Transportation Engineering Section

ADDRESS: 14 S Ft Harrison Ave, Clearwater, FL 33756

PHONE: 727-464-8731 MOBILE #: _____

E-MAIL ADDRESS: rmeador@pinellas.gov

SIGNATURE: Robert C. Meador Digitally signed by Robert C. Meador
Date: 2024.08.01 06:18:45 -04'00'

1st ALTERNATE POINT OF CONTACT (SR Employee or Contractor) _____

NAME & TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ MOBILE #: _____

E-MAIL ADDRESS: _____

Restrictions: _____

2nd ALTERNATE POINT OF CONTACT (SR Employee or Contractor) _____

NAME & TITLE: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ MOBILE #: _____

E-MAIL ADDRESS: _____

Restrictions: _____

****AUTHORIZED AGENT** (or current POC listed in the executed contract as the representative)

NAME & TITLE: Kathleen Peters, Chair, Pinellas County Board of County Commissioners

ADDRESS: 315 Court Street, 5th Fl, Clearwater, FL, 33756

PHONE #: 727-464-3568 MOBILE #: _____

E-MAIL ADDRESS: kpeters@pinellas.gov

SIGNATURE: Kathleen Peters



****AUTHORIZED AGENT MUST HAVE SIGNATURE AUTHORITY**

EMAIL COMPLETED FORM TO YOUR PROJECT MANAGER

ATTEST: KEN BURKE, CLERK

By: Dudyn Kewo

APPROVED AS TO FORM

By: Jason C. Ester
Office of the County Attorney



MITIGATION

Paragraph (3) Agreement –

In accordance with section 215.971 (2), Florida Statutes, the Division's Grant Manager (Project Manager) shall be responsible for enforcing performance of this Agreement's terms and conditions and shall serve as the Division's liaison with the Sub-Recipient.

1. The name and address of the Representative of the Sub-Recipient responsible for the Administration of the Agreement is the Primary Point of Contact (POC).
2. In the event that different representatives or addresses are designated by either party after execution of the Agreement, notice of the name and address of the new representative will be provided to the other party.

A Contractor/Consultant/Sub-Contractor CANNOT be the Primary Point of Contract (POC), as the Representative of the Sub-Recipient (POC) responsible for the administration of the Agreement. **This must be an employee of the municipality.** Could ONLY be an alternate, with the limitation of not having signature or requesting change authority.

If the POC has changed, or you anticipate it changing in the future, please provide to your project manager an update form with that information AS SOON AS POSSIBLE. We also recommend designating an alternate POC if you may be out or unavailable and/or an emergency or non-compliance issue may arise.

Guidance for Completing the Point of Contact form

1. **Project #:** Enter the FEMA project number (one project per form)
2. **Updated date:** Enter the date the change in POC or date effective
3. **Project Title:** Enter the title of the project
4. **New Primary Point of Contact:** *must be an employee of the awarded municipality Sub-Recipient, and active in the managing the project.*
 - a. Enter all the information for the new primary POC – Name and Title, Address, Work Phone #, Mobile #, Email Address and signature

Alternate Point of Contact(s) *Recommend that an Alternate POC, with similar experience to be able to fill in when the Primary POC is unavailable.*

5. **1st Alternate Point of Contact:** *employee of the awarded municipality (SR Employee) or Contractor, or Consultant*
 - a. Enter all the information for the Alternate POC – Name and Title, Company, Address, Work Phone #, Mobile #, Email Address and list of restrictions.
6. **2nd Alternate Point of Contact:** *If applicable – employee of the awarded municipality (SR Employee) or Contractor, or Consultant*
 - a. Enter all the information for the alternate POC – Name and Title, Company, Address, Work Phone #, Mobile #, Email Address and list of restrictions.

AUTHORIZED AGENT *(or current POC listed in the executed contract as the representative)*

7. Enter all the information for the approved Authorizing Agent – Name and Title, Address, Work Phone #, Mobile #, Email Address and signature