



MITIGATION

POINT OF CONTACT

PROJECT #: 4486-125-R **UPDATED DATE:** August 5, 2025
PROJECT TITLE: Pinellas County, Nine (9) Traffic Intersections, Mast Arm Conversion
PRIMARY POINT OF CONTACT (POC): Must be an employee of the Sub-Recipient
NAME & TITLE: Marina Abdel Malek, E.I., Engineer 1
ADDRESS: 14 S Ft Harrison Ave, Clearwater, FL 33756
PHONE: 727-464-8958 **MOBILE #:** _____
E-MAIL ADDRESS: mabdelmalek@pinellas.gov
SIGNATURE: Marina Abdel Malek

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: Brian Scott, Chair, Pinellas County Board of County Commissioners
ADDRESS: 315 Court Street, 5th Fl, Clearwater, FL, 33756
PHONE #: 727-464-3568 **MOBILE #:** _____
E-MAIL ADDRESS: brscott@pinellas.gov
SIGNATURE: [Signature]



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

EMAIL COMPLETED FORM TO YOUR PROJECT MANAGER

ATTEST: KEN BURKE, CLERK

By: [Signature]

APPROVED AS TO FORM

By: Joseph A Morrissey
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