



## POINT OF CONTACT

**PROJECT #:** 4673-205-R **UPDATED DATE:** May 29, 2026

**PROJECT TITLE:** Bonnie Brook Flood Mitigation Improvements Project

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

**NAME & TITLE:** Mr. Romel Seepaul, P.E., Senior Engineer

**ADDRESS:** 4200 South John Young Parkway, Orlando, Florida 32839

**PHONE:** (407) 836-7997 **MOBILE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** romel.seepaul@ocfl.net

**SIGNATURE:** \_\_\_\_\_

**1<sup>st</sup> ALTERNATE POINT OF CONTACT** (SR Employee or Contractor) SR Employee

**NAME & TITLE:** Mr. Daniel Negron, P.E., CFM, Chief Engineer

**COMPANY:** Orange County Public Works, Stormwater Management Division

**ADDRESS:** 4200 South John Young Parkway, Orlando, Florida 32839

**PHONE:** (407) 836-7743 **MOBILE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** daniel.negron@ocfl.net

**Restrictions:** None

**2<sup>nd</sup> ALTERNATE POINT OF CONTACT** (SR Employee or Contractor) Consultant

**NAME & TITLE:** Ms. Leylah Saavedra, P.E., CFM, Senior Project Engineer

**COMPANY:** Pegasus Engineering, LLC

**ADDRESS:** 301 West State Road 434, Suite 309, Winter Springs, Florida 32708

**PHONE:** (407) 992-9160, ext. 310 **MOBILE #:** 321-948-3732

**E-MAIL ADDRESS:** leylah@pegasusengineering.net

**Restrictions:** None

**\*\*AUTHORIZED AGENT** (or current POC listed in the executed contract as the representative) **NAME & TITLE:** Mr. Byron Brooks, County Administrator

**ADDRESS:** 201 South Rosalind Avenue, Orlando, Florida 32801

**PHONE #:** (407) 836-7370 **MOBILE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** Byron.Brooks@ocfl.net

**SIGNATURE:** \_\_\_\_\_

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

**EMAIL COMPLETED FORM TO YOUR PROJECT MANAGER**



## 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. **1<sup>st</sup> 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. **2<sup>nd</sup> 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