

**MASSACHUSETTS PORT AUTHORITY  
CAPITAL PROGRAMS DEPARTMENT  
SUITE 209S - LOGAN OFFICE CENTER  
ONE HARBORSIDE DRIVE  
EAST BOSTON, MASSACHUSETTS 02128-2909**

**PROPOSAL**

**MPA CONTRACT NO.  
DESCRIPTION OF JOB  
LOCATION, MASSACHUSETTS**

**MONTH, YEAR**

**MASSACHUSETTS PORT AUTHORITY**

Name ..... Chairman

Name ..... Vice-Chairman

Name ..... Member

Name ..... Member

Name ..... Member

Name ..... Member

Name. .... CEO and Executive Director

Name ..... Director of Capital Programs and Logan Modernization