

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Complete Address:

Street1:

Street2:

City: State:

Zip / Postal Code: Country:

Phone Number: **Fax Number:**

E-mail Address:

Payee: *Individual authorized to accept payments.*

Name: Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Complete Address:

Street1:

Street2:

City: State:

Zip / Postal Code: Country:

Phone Number: **Fax Number:**

E-mail Address:

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name: Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Complete Address:

Street1:

Street2:

City: State:

Zip / Postal Code: Country:

Phone Number: **Fax Number:**

E-mail Address:

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Complete Address:

Street1:

Street2:

City: State:

Zip / Postal Code: Country:

Phone Number: **Fax Number:**

E-mail Address: