OMB Number: 2030-0020 Expiration Date: 04/30/2021

## **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:				N	liddle Name:		
	Last Name	:						Suffix:		
Title:										
Comple	te Address	<u>.</u>								
Street1:										
Stree	t2:						]			
City:					State:					
Zip / I	Postal Code				Country:					
Phone I	Number:					Fax Num	ber:			
E-mail /	Address:									
Payee:		uthorized to	accept payments	S.				liddle Name:	Γ	
<u>ivaille.</u>	Last Name		Thist Name.					Suffix:		
Title:	Last Name	• [						Julia.		
Complete Address:										
Street1:							] 1			
	12:				State: [					
City:		. [			State:					
Zip / Postal Code:					Country:					
Phone Number:						Fax Numb	oer:			
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:				N	liddle Name:		
	Last Name	:						Suffix:		
Title:										
Complete Address:										
Street1:										
Stree	t2:									
City:					State:					
Zip / Postal Code:					Country:					
Phone Number:						Fax Numb	oer:			
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:								