Form Approved OMB No:2030-0020 Approval Expires 04/30/09



KEY CONTACTS FORM

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

Name	e:	
Title:	_	
Comp	plete Address:	
Phone	e Number:	
Payee: Indi	vidual authorized	to accept payments.
Name	e:	
Title:	_	
Mail	Address:	
Phone	e Number:	
Administr	ative Contact:	Individual from Sponsored Program Office to contact concerning
administrativ	ve matters (i.e., ind	direct cost rate computation, rebudgeting requests etc.)
Name	e:	
Title:	_	
Maili	ing Address:	
Phone	e Number:	
FAX	Number:	

Principal Investigator: Individual responsible for the technical completion of the proposed work.

Name: Title: Mailing Address:	 		
Phone Number: FAX Number: E-Mail Address: Web URL:	 		

EPA Form 5700-54 (Rev 4-02)

E-Mail Address:

ADDITIONAL KEY CONTACTS (use as many sheets as needed)



Major Co-Investigator: Individual responsible for the completion of major portions of the proposed work.

Name:		
Title:		
Mailing Address:		
Phone Number:		
FAX Number:		
E-Mail & Web Address:		

Major Co-Investigator: Individual responsible for the completion of major portions of the proposed work.

Name:		
Title:		
Mailing Address:		
Phone Number:		
FAX Number:		
E-Mail & Web Address:		

Major Co-Investigator: Individual responsible for the completion of major portions of the proposed work.

Name:	
Title:	
Mailing Address:	
Phone Number:	
FAX Number:	
E-Mail & Web Address:	
FAX Number:	

Major Co-Investigator: Individual responsible for the completion of major portions of the proposed work.

Name:		
Title:		
Mailing Address:		
Phone Number:		
FAX Number:		
E-Mail & Web Address:		

NCER Form 1a (9/01) For Use with EPA STAR Grant Applications