

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 Code: * Country:

* Phone Number: Fax Number:

Email:

Payee: *Individual authorized to accept payments.*

Name: Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Title:

Complete Address:

* Street1:

Street2:

* City: * State:

* Zip Code: * Country:

* Phone Number: Fax Number:

Email:

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 Code: * Country:

* Phone Number: Fax Number:

Email:

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 Code: * Country:

* Phone Number:

Fax Number:

Email: