

EPA KEY CONTACTS FORM

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

*** Name:**

Title:

*** Complete Address:** AFG

*** Phone Number:**

Fax Number:

Email:

Payee: *Individual authorized to accept payments.*

*** Name:**

Title:

*** Complete Address:** AFG

*** 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:**

Title:

*** Complete Address:** AFG

*** Phone Number:**

Fax Number:

Email:

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

*** Name:**

Title:

*** Complete Address:** AFG

*** Phone Number:**

Fax Number:

Email: