

# 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.*

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**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:**