

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: Phone Number: **Payee:** *Individual authorized to accept payments.* Name: Title: Mail Address: Phone Number: **Administrative Contact:** *Individual from Sponsored Program Office to contact concerning* administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.) Name: Title: Mailing Address: Phone Number: FAX Number: E-Mail Address: **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:

ADDITIONAL KEY CONTACTS (use as many sheets as needed)

Name:	
Title:	
Mailing Address:	
Phone Number:	
FAX Number:	
E-Mail & Web Address:	
Major Co-Investi	gator: Individual responsible for the completion of major
portions of the propos	sed work.
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Title:	
Mailing Address:	
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