

**Quality Assurance Project Plan**  
*for*  
**Project Name**

**Grantee Name**

Work Assignment Number/Grant Project Number

Project Period (i.e., start to end dates)

APPROVALS:

\_\_\_\_\_  
Grantee's Responsible Official Title  
Grantee's Responsible Official Name  
Date

\_\_\_\_\_  
Grantee's QA Manager Name  
Grantee's QA Manager Title  
Date

\_\_\_\_\_  
EPA Program Manager Name  
EPA Program Manager Title  
Date

\_\_\_\_\_  
EPA Project Officer/Tribal Assistance Manager Name  
EPA Project Officer/Tribal Assistance Manager Title  
Date

\_\_\_\_\_  
EPA Region 8 QA Manager (or Delegated QA Approving Officer) Name  
EPA Region 8 QA Manager (or Delegated QA Approving Officer) Title  
Date

*Note: These are the minimum information expected on a Grantee Approval Page. Name, title, and signatures are to occur as listed above.*