



EPA KEY CONTACTS FORM

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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:							
Comple	te Address	<u>:</u>					
Street	:1:						
Street	:2:						
City:				State:			
Zip / F	Postal Code:			Country:			
Phone N	Number:				Fax Number:		
E-mail A	Address:						
Payee:	Individual a	uthorized to a	ccept payments.				
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Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).

Name: Pr	refix:		First Name:					Middle	Name:			
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Complete /	Address:											
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