



EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

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

Name:	Prefix: Mr.	First Name: Jimmy	Middle Name: H.
	Last Name: Baker		Suffix:
Title:	Chancellor		
Complete Address:			
Street1:	135 South Union Street		
Street2:	P.O. Box 302130		
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36130-2130	Country:	USA: UNITED STATES
Phone Number:	334-293-4524	Fax Number:	334-293-4504
E-mail Address:	jimmy.baker@accs.edu		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Sara	Middle Name:
	Last Name: Calhoun		Suffix:
Title:	Chief Financial Officer		
Complete Address:			
Street1:	135 South Union Street		
Street2:	P.O. Box 302130		
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36130-2130	Country:	USA: UNITED STATES
Phone Number:	334-293-4661	Fax Number:	334-293-4504
E-mail Address:	sara.calhoun@accs.edu		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mrs.	First Name: Lisa	Middle Name:
	Last Name: Rollan		Suffix:
Title:	Grants Coordinator		
Complete Address:			
Street1:	135 South Union Street		
Street2:	P.O. Box 302130		
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36130-2130	Country:	USA: UNITED STATES
Phone Number:	334-293-4538	Fax Number:	334-293-4504
E-mail Address:	lisa.rollan@accs.edu		

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

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: