



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: Dr.	First Name: William	Middle Name: E.
	Last Name: Puckett		Suffix:
Title:	Executive Director		
Complete Address:			
Street1:	100 N. Union Street		
Street2:	Suite 334		
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36104	Country:	USA: UNITED STATES
Phone Number:	334-242-2620	Fax Number:	
E-mail Address:	william.puckett@swcc.alabama.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Julia	Middle Name:
	Last Name: Soohoo		Suffix:
Title:	Senior Accountant		
Complete Address:			
Street1:	100 N. Union Street		
Street2:	Suite 334		
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36104	Country:	USA: UNITED STATES
Phone Number:	334-242-2620	Fax Number:	
E-mail Address:	julia.soohoo@swcc.alabama.gov		

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

Name:	Prefix: Ms.	First Name: Julia	Middle Name:
	Last Name: Soohoo		Suffix:
Title:	Senior Accountant		
Complete Address:			
Street1:	100 N. Union Street		
Street2:	Suite 334		
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36104	Country:	USA: UNITED STATES
Phone Number:	334-242-2620	Fax Number:	
E-mail Address:	julia.soohoo@swcc.alabama.gov		

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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: