



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:	First Name:	Middle Name:
		Karen	B
	Last Name:		Suffix:
	Morrison		
Title:	Director of Finance and Support Services		
Complete Address:			
Street1:	333 Willoughby Ave		
Street2:	P.O. Box 110500		
City:	State:	AK: Alaska	
Juneau			
Zip / Postal Code:	Country:	USA: UNITED STATES	
99811-0500			
Phone Number:	Fax Number:		
9074652276			
E-mail Address:	karen.morrison@alaska.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Lori	B
	Last Name:		Suffix:
	Weed		
Title:	School Finance Manager		
Complete Address:			
Street1:	333 Willoughby Ave		
Street2:	P.O. Box 110500		
City:	State:	AK: Alaska	
Juneau			
Zip / Postal Code:	Country:	USA: UNITED STATES	
99811-0500			
Phone Number:	Fax Number:		
9074652785			
E-mail Address:	lori.weed@alaska.gov		

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

Name:	Prefix:	First Name:	Middle Name:
		Sharryn	B
	Last Name:		Suffix:
	Peterson		
Title:	Administrative Officer		
Complete Address:			
Street1:	333 Willoughby Ave		
Street2:	P.O. Box 110500		
City:	State:	AK: Alaska	
Juneau			
Zip / Postal Code:	Country:	USA: UNITED STATES	
99811-0500			
Phone Number:	Fax Number:		
9074652276			
E-mail Address:	sharryn.peterson@alaska.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: