



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: Curtis	Middle Name:
	Last Name: Thayer	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	813 W. Northern Lights Blvd.		
Street2:			
City:	Anchorage	State:	AK: Alaska
Zip / Postal Code:	99503-2407	Country:	USA: UNITED STATES
Phone Number:	907-771-3000	Fax Number:	907-771-3044
E-mail Address:	cthayer@akenergyauthority.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Pamela	Middle Name:
	Last Name: Ellis	Suffix:	
Title:	Controller		
Complete Address:			
Street1:	813 W. Northern Lights Blvd.		
Street2:			
City:	Anchorage	State:	AK: Alaska
Zip / Postal Code:	99503-2407	Country:	USA: UNITED STATES
Phone Number:	907-771-3981	Fax Number:	907-771-3044
E-mail Address:	PEllis@akenergyauthority.org		

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: Pamela	Middle Name:
	Last Name: Ellis	Suffix:	
Title:	Controller		
Complete Address:			
Street1:	813 W. Northern Lights Blvd.		
Street2:			
City:	Anchorage	State:	AK: Alaska
Zip / Postal Code:	99503-2407	Country:	USA: UNITED STATES
Phone Number:	907-771-3981	Fax Number:	907-771-3044
E-mail Address:	PEllis@akenergyauthority.org		

EPA KEY CONTACTS FORM

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: