



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:
		Dennis	
	Last Name:		Suffix:
	Wilmsmeyer		
Title:	Executive Director		
Complete Address:			
Street1: 1635 W. First Street			
Street2:			
City: Granite City		State: IL: Illinois	
Zip / Postal Code: 62040-1883		Country: USA: UNITED STATES	
Phone Number:	618-452-8439	Fax Number:	
E-mail Address:	dwilmsmeyer@americascentralport.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Dennis	
	Last Name:		Suffix:
	Wilmsmeyer		
Title:	Executive Director		
Complete Address:			
Street1: 1635 W. First Street			
Street2:			
City: Granite City		State: IL: Illinois	
Zip / Postal Code: 62040-1883		Country: USA: UNITED STATES	
Phone Number:	618-452-8439	Fax Number:	
E-mail Address:	dwilmsmeyer@americascentralport.com		

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:
		Ben	
	Last Name:		Suffix:
	McCall		
Title:	Deputy Director		
Complete Address:			
Street1: 1635 W. First Street			
Street2:			
City: Granite City		State: IL: Illinois	
Zip / Postal Code: 62040-1883		Country: USA: UNITED STATES	
Phone Number:	618-452-8460	Fax Number:	
E-mail Address:	bmccall@americascentralport.com		

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: