



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: Bradley	Middle Name:
	Last Name: Kendrex	Suffix:	
Title:	VP, Finance and Administration		
Complete Address:			
Street1:	2700 N. Central Ave., Suite 400		
Street2:			
City:	Phoenix	State:	AZ: Arizona
Zip / Postal Code:	85004	Country:	USA: UNITED STATES
Phone Number:	6022292500	Fax Number:	
E-mail Address:	bradley.kendrex@azregents.edu		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Kris	Middle Name:
	Last Name: Okazaki	Suffix:	
Title:	Associate VP, Admin. and Program Operations		
Complete Address:			
Street1:	2700 N. Central Ave., Suite 400		
Street2:			
City:	Phoenix	State:	AZ: Arizona
Zip / Postal Code:	85004	Country:	USA: UNITED STATES
Phone Number:	6022292500	Fax Number:	
E-mail Address:	kris.okazaki@azregents.edu		

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: Kris	Middle Name:
	Last Name: Okazaki	Suffix:	
Title:	Associate VP, Admin. and Program Operations		
Complete Address:			
Street1:	2700 N. Central Ave., Suite 400		
Street2:			
City:	Phoenix	State:	AZ: Arizona
Zip / Postal Code:	85004	Country:	USA: UNITED STATES
Phone Number:	6022292500	Fax Number:	
E-mail Address:	kris.okazaki@azregents.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: