



## 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.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Nicole"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Barnes"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Deputy Commissioner, Department of Grants"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="55 Trinity Avenue, Suite 3500"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Atlanta"/>	<b>State:</b>	<input type="text" value="GA: Georgia"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="30303"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="404-330-6390"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="nbarnes@atlantaga.gov"/>					

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Mohamed"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Balla"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Chief Financial Officer"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="68 Mitchell Street, Suite 14100"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Atlanta"/>	<b>State:</b>	<input type="text" value="GA: Georgia"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="30303"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="404-546-3406"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="mballa@atlantaga.gov"/>					

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

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Ola"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Akaose"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Director, Office of Financial Administration"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="72 Marietta Street NW"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Atlanta"/>	<b>State:</b>	<input type="text" value="GA: Georgia"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="30303"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="(404) 546-3437"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="Oakaose@atlantaga.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:**