



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: Chris	Middle Name: W
	Last Name: Ryer	Suffix:	
Title:	Director, Department of Planning		
Complete Address:			
Street1:	417 E. Fayette Street		
Street2:	8th Floor		
City:	Baltimore	State:	MD: Maryland
Zip / Postal Code:	21202	Country:	USA: UNITED STATES
Phone Number:	410-396-4227	Fax Number:	
E-mail Address:	chris.ryer@baltimorecity.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Mira	Middle Name: W
	Last Name: Green	Suffix:	
Title:	Fiscal Officer		
Complete Address:			
Street1:	417 E. Fayette Street		
Street2:	8th Floor		
City:	Baltimore	State:	MD: Maryland
Zip / Postal Code:	21202	Country:	USA: UNITED STATES
Phone Number:	443-984-5747	Fax Number:	
E-mail Address:	meredith.green@baltimorecity.gov		

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: Ava	Middle Name: W
	Last Name: Richardson	Suffix:	
Title:	Director, Office of Sustainability		
Complete Address:			
Street1:	417 E. Fayette Street		
Street2:	8th Floor		
City:	Baltimore	State:	MD: Maryland
Zip / Postal Code:	21202	Country:	USA: UNITED STATES
Phone Number:	410-396-8360	Fax Number:	
E-mail Address:	ava.richardson@baltimorecity.gov		

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: