



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: Ms. | First Name: Whitney | Middle Name: |
| | Last Name: Gravelle | Suffix: | |
| Title: | President | | |
| Complete Address: | | | |
| Street1: | 12140 W. Lakeshore Drive | | |
| Street2: | | | |
| City: | Brimley | State: | MI: Michigan |
| Zip / Postal Code: | 49715 | Country: | USA: UNITED STATES |
| Phone Number: | 9062488100 | Fax Number: | |
| E-mail Address: | wgravelle@baymills.org | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|---------------------------|----------------------------|---------------------|
| Name: | Prefix: Ms. | First Name: Kimarie | Middle Name: |
| | Last Name: Manabat | Suffix: | |
| Title: | Grants Manager | | |
| Complete Address: | | | |
| Street1: | 12140 W. Lakeshore Drive | | |
| Street2: | | | |
| City: | Brimley | State: | MI: Michigan |
| Zip / Postal Code: | 49715-9319 | Country: | USA: UNITED STATES |
| Phone Number: | 9062488161 | Fax Number: | |
| E-mail Address: | kmanabat@baymills.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: Tara | Middle Name: |
| | Last Name: Parrish | Suffix: | |
| Title: | Grants Administrator | | |
| Complete Address: | | | |
| Street1: | 12140 W. Lakeshore Drive | | |
| Street2: | | | |
| City: | Brimley | State: | MI: Michigan |
| Zip / Postal Code: | 49715-9319 | Country: | USA: UNITED STATES |
| Phone Number: | 9062488122 | Fax Number: | |
| E-mail Address: | tparrish@baymills.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: