



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: Randall	Middle Name: L.
	Last Name: Woodfin	Suffix:	
Title:	Mayor		
Complete Address:			
Street1:	710 20th Street North		
Street2:			
City:	Birmingham	State:	AL: Alabama
Zip / Postal Code:	35203-2216	Country:	USA: UNITED STATES
Phone Number:	2052542771	Fax Number:	
E-mail Address:	randall.woodfin@birminghamal.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Marilyn	Middle Name:
	Last Name: Chapman	Suffix:	
Title:	Chief Administrative Analyst		
Complete Address:			
Street1:	710 20th Street North		
Street2:			
City:	Birmingham	State:	AL: Alabama
Zip / Postal Code:	35203	Country:	USA: UNITED STATES
Phone Number:	2052542193	Fax Number:	
E-mail Address:	marilyn.chapman@birminghamal.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: Tracey	Middle Name:
	Last Name: Hayes	Suffix:	
Title:	Deputy Director		
Complete Address:			
Street1:	710 20th Street North		
Street2:			
City:	Birmingham	State:	AL: Alabama
Zip / Postal Code:	35203-2216	Country:	USA: UNITED STATES
Phone Number:	205254-2544	Fax Number:	
E-mail Address:	tracey.hayes@birminghamal.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: