



# 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.*

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<b>Name:</b>	Prefix:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text"/>			Suffix:	<input type="text"/>
<b>Title:</b>	<input type="text"/>					
<b>Complete Address:</b>						
Street1:	<input type="text"/>					
Street2:	<input type="text"/>					
City:	<input type="text"/>	State:	<input type="text"/>			
Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>			
Phone Number:	<input type="text"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text"/>					

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

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<b>Name:</b>	Prefix:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text"/>			Suffix:	<input type="text"/>
<b>Title:</b>	<input type="text"/>					
<b>Complete Address:</b>						
Street1:	<input type="text"/>					
Street2:	<input type="text"/>					
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Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>			
Phone Number:	<input type="text"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text"/>					

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

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	Last Name:	<input type="text"/>			Suffix:	<input type="text"/>
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Phone Number:	<input type="text"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text"/>					

# 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:**