



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: <input type="text" value="Ms."/>	First Name: <input type="text" value="Elizabeth"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Betancourt"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Natural and Working Lands Policy Advisor"/>		
Complete Address:			
Street1:	<input type="text" value="715 P St."/>		
Street2:	<input type="text" value="MS 19-01"/>		
City:	<input type="text" value="Sacramento"/>	State:	<input type="text" value="CA: California"/>
Zip / Postal Code:	<input type="text" value="95814"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="9167678117"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="elizabeth.betancourt@conservation.ca.gov"/>		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: <input type="text"/>	First Name: <input type="text" value="Ashnita"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Lal"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Principal Accounting Officer"/>		
Complete Address:			
Street1:	<input type="text" value="715 P St."/>		
Street2:	<input type="text" value="MS 18-01"/>		
City:	<input type="text" value="Sacramento"/>	State:	<input type="text" value="CA: California"/>
Zip / Postal Code:	<input type="text" value="95814"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="916-594-8782"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="ashnita.lal@conservation.ca.gov"/>		

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

Name:	Prefix: <input type="text"/>	First Name: <input type="text" value="Ashnita"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Lal"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Principal Accounting Officer"/>		
Complete Address:			
Street1:	<input type="text" value="715 P St."/>		
Street2:	<input type="text" value="MS 18-01"/>		
City:	<input type="text" value="Sacramento"/>	State:	<input type="text" value="CA: California"/>
Zip / Postal Code:	<input type="text" value="95814"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="916-594-8782"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="ashnita.lal@conservation.ca.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: