



# 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.*

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Brandy	<b>Middle Name:</b> E
	<b>Last Name:</b> Hunt		<b>Suffix:</b>
<b>Title:</b>	Deputy Director Administration Finance and IT		
<b>Complete Address:</b>			
<b>Street1:</b>	1001 I street		
<b>Street2:</b>	19th floor		
<b>City:</b>	Sacramento	<b>State:</b>	CA: California
<b>Zip / Postal Code:</b>	95814-2815	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	19163416177	<b>Fax Number:</b>	
<b>E-mail Address:</b>	brandy.hunt@calrecycle.ca.gov		

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

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

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

<b>Name:</b>	<b>Prefix:</b> Mrs.	<b>First Name:</b> Yogeeta	<b>Middle Name:</b>
	<b>Last Name:</b> Sharma		<b>Suffix:</b>
<b>Title:</b>	Chief Fiscal Officer		
<b>Complete Address:</b>			
<b>Street1:</b>	1001 I Street		
<b>Street2:</b>			
<b>City:</b>	Sacramento	<b>State:</b>	CA: California
<b>Zip / Postal Code:</b>	95814-2815	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	916-341-6097	<b>Fax Number:</b>	
<b>E-mail Address:</b>	yogeeta.sharma@calrecycle.ca.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:**