



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:	First Name: Chris	Middle Name: D
	Last Name: Dye-Hixenbaugh		Suffix:
Title:	Contracts and Grants Officer		
Complete Address:			
Street1:	1850 Research Park Drive		
Street2:	Suite 300		
City:	Davis	State:	CA: California
Zip / Postal Code:	95618-6513	Country:	USA: UNITED STATES
Phone Number:	530-754-8034	Fax Number:	530-752-0333
E-mail Address:	cddye@ucdavis.edu		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: James	Middle Name: A
	Last Name: Ringo		Suffix:
Title:	Assoc Acctg Officer		
Complete Address:			
Street1:	1850 Research Park Drive		
Street2:	Suite 300		
City:	Davis	State:	CA: California
Zip / Postal Code:	95618-6513	Country:	USA: UNITED STATES
Phone Number:	530-752-8140	Fax Number:	
E-mail Address:	efa-invoices@ucdavis.edu		

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

Name:	Prefix:	First Name: Sarah	Middle Name: J
	Last Name: Smith		Suffix:
Title:	Contracts and Grants Analyst		
Complete Address:			
Street1:	1850 Research Park Drive		
Street2:			
City:	Davis	State:	CA: California
Zip / Postal Code:	95618-6153	Country:	USA: UNITED STATES
Phone Number:	530-754-8192	Fax Number:	530-752-0333
E-mail Address:	proposals@ucdavis.edu		

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: