



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: Jeff	Middle Name: Arthur
	Last Name: Pomerantz	Suffix:	
Title:	City Manager		
Complete Address:			
Street1:	101 1st St. SE		
Street2:			
City:	Cedar Rapids	State:	IA: Iowa
Zip / Postal Code:	52401	Country:	USA: UNITED STATES
Phone Number:	319-286-5080	Fax Number:	319-286-5144
E-mail Address:	citymanager@cedar-rapids.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Abhijit	Middle Name: Prakash
	Last Name: Deshpande	Suffix:	
Title:	Finance Director		
Complete Address:			
Street1:	101 1st St. SE		
Street2:			
City:	Cedar Rapids	State:	IA: Iowa
Zip / Postal Code:	42401	Country:	USA: UNITED STATES
Phone Number:	319-286-5097	Fax Number:	319-286-5144
E-mail Address:	a.deshpande@cedar-rapids.org		

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: Sara	Middle Name: Elizabeth
	Last Name: Maples	Suffix:	
Title:	Sustainability Program Manager		
Complete Address:			
Street1:	101 first st. SE		
Street2:			
City:	Cedar Rapids	State:	IA: Iowa
Zip / Postal Code:	52401	Country:	USA: UNITED STATES
Phone Number:	319-286-5927	Fax Number:	319-286-5144
E-mail Address:	s.maples@cedar-rapids.org		

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: