



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: Jared	Middle Name:
	Last Name: Policicchio	Suffix:	
Title:	Deputy Chief Sustain. Officer/Commissioner		
Complete Address:			
Street1:	2 N LaSalle St		
Street2:	Suite 725		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60602-2514	Country:	USA: UNITED STATES
Phone Number:	312-744-3303	Fax Number:	
E-mail Address:	jared.policicchio@cityofchicago.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Angela	Middle Name:
	Last Name: Tovar	Suffix:	
Title:	Commissioner		
Complete Address:			
Street1:	2 N LaSalle St		
Street2:	Suite 725		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60602-2514	Country:	USA: UNITED STATES
Phone Number:	312-744-9193	Fax Number:	
E-mail Address:	Angela.tovar@cityofchicago.org		

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

Name:	Prefix: Mr.	First Name: Jared	Middle Name:
	Last Name: Policicchio	Suffix:	
Title:	Deputy Commissioner		
Complete Address:			
Street1:	2 N LaSalle St		
Street2:	Suite 725		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60602-2514	Country:	USA: UNITED STATES
Phone Number:	312-744-3303	Fax Number:	
E-mail Address:	jared.policicchio@cityofchicago.org		

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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: