



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="Marci"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Henson"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Director"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="4701 W. Russell Rd, Suite 200"/> | | |
| Street2: | <input type="text"/> | | |
| City: | <input type="text" value="Las Vegas"/> | State: | <input type="text" value="NV: Nevada"/> |
| Zip / Postal Code: | <input type="text" value="89118-2231"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="702-455-3118"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="mhenson@clarkcountynv.gov"/> | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|--|--|---|
| Name: | Prefix: <input type="text" value="Mr."/> | First Name: <input type="text" value="Daniel"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Hoover"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Sr. Management Analyst"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="4701 W. Russell Rd, Suite 200"/> | | |
| Street2: | <input type="text"/> | | |
| City: | <input type="text" value="Las Vegas"/> | State: | <input type="text" value="NV: Nevada"/> |
| Zip / Postal Code: | <input type="text" value="89118-2231"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="702-455-3637"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="dhoover@clarkcountynv.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" value="Ms."/> | First Name: <input type="text" value="Ketaki"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Patel"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Administrative Specialist"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="4701 W. Russell Rd, Suite 200"/> | | |
| Street2: | <input type="text"/> | | |
| City: | <input type="text" value="Las Vegas"/> | State: | <input type="text" value="NV: Nevada"/> |
| Zip / Postal Code: | <input type="text" value="89118-2231"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="702-455-1546"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="ketaki.patel@clarkcountynv.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: