



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: Thomas	Middle Name: W
	Last Name: Clarke		Suffix:
Title:	Deputy Executive Director - Acting Director		
Complete Address:			
Street1:	1 Airport Rd		
Street2:			
City:	Little Rock	State:	AR: Arkansas
Zip / Postal Code:	72202-4404	Country:	USA: UNITED STATES
Phone Number:	501-372-3439	Fax Number:	501-372-0612
E-mail Address:	tclarke@clintonairport.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: David	Middle Name:
	Last Name: Tipton		Suffix:
Title:	Director of Finance (CFO)		
Complete Address:			
Street1:	1 Airport Rd		
Street2:			
City:	Little Rock	State:	AR: Arkansas
Zip / Postal Code:	72202-4404	Country:	USA: UNITED STATES
Phone Number:	501-372-3439	Fax Number:	501-372-0612
E-mail Address:	dtipton@clintonairport.com		

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: Laura	Middle Name:
	Last Name: Long		Suffix:
Title:	Manager - Capital Finance		
Complete Address:			
Street1:	1 Airport Rd		
Street2:			
City:	Little Rock	State:	AR: Arkansas
Zip / Postal Code:	72202-4404	Country:	USA: UNITED STATES
Phone Number:	501-537-1789	Fax Number:	501-372-0612
E-mail Address:	llong@clintonairport.com		

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: