



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"/>	First Name:	<input type="text" value="Nate"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Pearson"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Recovery Officer"/>					
Complete Address:						
Street1:	<input type="text" value="1313 Sherman St."/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Denver"/>	State:	<input type="text" value="CO: Colorado"/>			
Zip / Postal Code:	<input type="text" value="80203"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="303-866-3311"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="nate.pearson@state.co.us"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Carly"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Jacobs"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Chief Financial Officer"/>					
Complete Address:						
Street1:	<input type="text" value="1313 Sherman St."/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Denver"/>	State:	<input type="text" value="CO: Colorado"/>			
Zip / Postal Code:	<input type="text" value="80203"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="303-866-3311"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="carly.jacobs@state.co.us"/>					

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"/>	First Name:	<input type="text" value="Britta"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Anderson"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Grants Manager"/>					
Complete Address:						
Street1:	<input type="text" value="1313 Sherman St."/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Denver"/>	State:	<input type="text" value="CO: Colorado"/>			
Zip / Postal Code:	<input type="text" value="80203"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="303-866-3311"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="britta.anderson@state.co.us"/>					

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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: