



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: Ken	Middle Name:
	Last Name: Yee		Suffix:
Title:	Facilities Maintenance Manager		
Complete Address:			
Street1:	1455 Gasoline Alley		
Street2:			
City:	Concord	State:	CA: California
Zip / Postal Code:	94520-4805	Country:	USA: UNITED STATES
Phone Number:	925-671-3025	Fax Number:	
E-mail Address:	ken.yee@cityofconcord.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Suzanne	Middle Name:
	Last Name: McDonald		Suffix:
Title:	Financial Operations Manager		
Complete Address:			
Street1:	1950 Parkside Drive		
Street2:			
City:	Concord	State:	CA: California
Zip / Postal Code:	94519	Country:	USA: UNITED STATES
Phone Number:	925-671-3136	Fax Number:	
E-mail Address:	suzanne.mcdonald@cityofconcord.org		

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

Name:	Prefix:	First Name: Jeff	Middle Name:
	Last Name: Rayos		Suffix:
Title:	Senior Administrative Analyst		
Complete Address:			
Street1:	1455 Gasoline Alley		
Street2:			
City:	Concord	State:	CA: California
Zip / Postal Code:	94520-4805	Country:	USA: UNITED STATES
Phone Number:	925-671-3446	Fax Number:	
E-mail Address:	jeff.rayos@cityofconcord.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: