



# 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.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	Emma	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	Cimino			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	Deputy Commissioner					
<b>Complete Address:</b>						
<b>Street1:</b>	79 Elm Street					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	Hartford	<b>State:</b>	CT: Connecticut			
<b>Zip / Postal Code:</b>	06106-1650	<b>Country:</b>	USA: UNITED STATES			
<b>Phone Number:</b>	860-424-3387			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	emma.cimino@ct.gov					

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	Daniel	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	Moylan			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	Grants & Contracts Specialist					
<b>Complete Address:</b>						
<b>Street1:</b>	79 Elm Street					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	Hartford	<b>State:</b>	CT: Connecticut			
<b>Zip / Postal Code:</b>	06106	<b>Country:</b>	USA: UNITED STATES			
<b>Phone Number:</b>	860-424-3125			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	daniel.moylan@ct.gov					

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

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	Joseph	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	Stein			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	79 Elm Street					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	Hartford	<b>State:</b>	CT: Connecticut			
<b>Zip / Postal Code:</b>	06106	<b>Country:</b>	USA: UNITED STATES			
<b>Phone Number:</b>	860-424-3559			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	joseph.stein@ct.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:**