



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: Francis	Middle Name:
	Last Name: Pickering		Suffix:
Title:	Executive Director		
Complete Address:			
Street1:	1 Riverside Road		
Street2:			
City:	Sandy Hook	State:	NY: New York
Zip / Postal Code:	06482	Country:	USA: UNITED STATES
Phone Number:	475-323-2070	Fax Number:	
E-mail Address:	fpickering@westcog.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Victoria	Middle Name: at
	Last Name: Ricks		Suffix:
Title:	Financial Director		
Complete Address:			
Street1:	1 Riverside Rd, Sandy Hook CT 06482		
Street2:			
City:	Sandy Hook	State:	CT: Connecticut
Zip / Postal Code:	06482	Country:	USA: UNITED STATES
Phone Number:	475-323-2056	Fax Number:	
E-mail Address:	vricks@westcog.org		

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

Name:	Prefix: Mrs.	First Name: Victoria	Middle Name: at
	Last Name: Ricks		Suffix:
Title:	Financial Director		
Complete Address:			
Street1:	1 Riverside Rd		
Street2:			
City:	Sandy Hook	State:	CT: Connecticut
Zip / Postal Code:	06482	Country:	USA: UNITED STATES
Phone Number:	475-323-2056	Fax Number:	
E-mail Address:	vricks@westcog.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: