



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: Eric	Middle Name: D
	Last Name: Dawson	Suffix:	
Title:	Chief Operating Officer		
Complete Address:			
Street1:	89 Kings Highway		
Street2:			
City:	Dover	State:	DE: Delaware
Zip / Postal Code:	19901-7305	Country:	USA: UNITED STATES
Phone Number:	3027399222	Fax Number:	302-739-6242
E-mail Address:	eric.dawson@delaware.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Lynn	Middle Name: M
	Last Name: Kennedy	Suffix:	
Title:	Fiscal Advisor IV		
Complete Address:			
Street1:	97 Commerce Way		
Street2:	Suite 106		
City:	Dover	State:	DE: Delaware
Zip / Postal Code:	19904	Country:	USA: UNITED STATES
Phone Number:	3027399091	Fax Number:	
E-mail Address:	lynn.kennedy@delaware.gov		

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: Pamela	Middle Name: G
	Last Name: Severson	Suffix:	
Title:	Fiscal Manager		
Complete Address:			
Street1:	97 Commerce Way		
Street2:	Suite 106		
City:	Dover	State:	DE: Delaware
Zip / Postal Code:	19904	Country:	USA: UNITED STATES
Phone Number:	302-739-9107	Fax Number:	
E-mail Address:	pamela.severson@delaware.gov		

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Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: Mrs. First Name: Annina Middle Name: H
Last Name: Northridge Suffix:
Title: Planner IV

Complete Address:

Street1: 100 W. Water Street, Suite 10B
Street2:
City: Dover **State:** DE: Delaware
Zip / Postal Code: 19904 **Country:** USA: UNITED STATES
Phone Number: 302-735-3359 **Fax Number:**
E-mail Address: annina.northridge@delaware.gov