



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: Curtis	Middle Name: E
	Last Name: Hamel	Suffix:	
Title:	District Facilities Director		
Complete Address:			
Street1:	247 Suntrana Avenue		
Street2:	247 Suntrana Avenue		
City:	Healy	State:	AK: Alaska
Zip / Postal Code:	99743	Country:	USA: UNITED STATES
Phone Number:	907-980-1182	Fax Number:	907-683-2514
E-mail Address:	curtishamel@dbsd.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Jeremy	Middle Name:
	Last Name: Stanfield	Suffix:	
Title:	Business Manager		
Complete Address:			
Street1:	247 Suntrana Avenue		
Street2:			
City:	Healy	State:	AK: Alaska
Zip / Postal Code:	99743	Country:	USA: UNITED STATES
Phone Number:	907-683-2278	Fax Number:	907-683-2514
E-mail Address:	jeremystanfield@dbsd.org		

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

Name:	Prefix: Mr.	First Name: Dan	Middle Name:
	Last Name: Polta	Suffix:	
Title:	Superintendent Denali Borough School District		
Complete Address:			
Street1:	247 Suntrana Avenue		
Street2:			
City:	Healy	State:	AK: Alaska
Zip / Postal Code:	99743	Country:	USA: UNITED STATES
Phone Number:	907-683-2278	Fax Number:	907-683-2514
E-mail Address:	Danpolta@dbsd.org		

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: