



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: Douglas	Middle Name:
	Last Name: Rex		Suffix:
Title:	Executive Director		
Complete Address:			
Street1:	1011 17th Street		
Street2:	Suite 700		
City:	Denver	State:	CO: Colorado
Zip / Postal Code:	80202	Country:	USA: UNITED STATES
Phone Number:	303-480-6701	Fax Number:	303-480-6790
E-mail Address:	Drex@drcog.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Miss	First Name: Aisha	Middle Name:
	Last Name: Sayles		Suffix:
Title:	Program Manager - Accounting		
Complete Address:			
Street1:	1001 17th Street		
Street2:	Suite 700		
City:	Denver	State:	CO: Colorado
Zip / Postal Code:	80202	Country:	USA: UNITED STATES
Phone Number:	303-480-6730	Fax Number:	303-480-6790
E-mail Address:	Asayles@drcog.org		

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

Name:	Prefix: Miss	First Name: Jenny	Middle Name:
	Last Name: Dock		Suffix:
Title:	Division Director - Administration & Finance		
Complete Address:			
Street1:	1001 17th Street		
Street2:	Suite 700		
City:	Denver	State:	CO: Colorado
Zip / Postal Code:	80202	Country:	USA: UNITED STATES
Phone Number:	303-480-6707	Fax Number:	303-480-6790
E-mail Address:	Jdock@drcog.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: