



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: Richard	Middle Name:
	Last Name: Jackson	Suffix:	
Title:	DIRECTOR, DOE		
Complete Address:			
Street1:	1200 FIRST ST NE		
Street2:	5TH FLOOR		
City:	WASHINGTON	State:	DC: District of Columbia
Zip / Postal Code:	20002	Country:	USA: UNITED STATES
Phone Number:	202-654-6017	Fax Number:	
E-mail Address:	Richard.Jackson2@dc.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: OLGA	Middle Name:
	Last Name: PROVOTOROVA	Suffix:	
Title:	CLUSTER CONTROLLER, GSC		
Complete Address:			
Street1:	2000 14TH ST NW		
Street2:	6TH FLOOR, OFFICE OF THE CHIEF FINANCIAL OFFICER		
City:	WASHINGTON	State:	DC: District of Columbia
Zip / Postal Code:	20001	Country:	USA: UNITED STATES
Phone Number:	202-671-2302	Fax Number:	
E-mail Address:	OLGA.PROVOTOROVA@DC.GOV		

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

Name:	Prefix:	First Name: Kelvin	Middle Name:
	Last Name: Parson	Suffix:	
Title:	Budget Officer, DOE		
Complete Address:			
Street1:	1200 FIRST ST NE		
Street2:	5TH FLOOR		
City:	WASHINGTON	State:	DC: District of Columbia
Zip / Postal Code:	20002	Country:	USA: UNITED STATES
Phone Number:	(202) 535-2613	Fax Number:	
E-mail Address:	kelvin.parson@dc.gov		

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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: