



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: Ms.	First Name: Mindy	Middle Name:
	Last Name: Granley	Suffix:	
Title:	Sustainability Officer		
Complete Address:			
Street1:	411 W First Street		
Street2:			
City:	Duluth	State:	MN: Minnesota
Zip / Postal Code:	55802	Country:	USA: UNITED STATES
Phone Number:	218-730-5334	Fax Number:	
E-mail Address:	mgranley@duluthmn.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: Jennifer	Middle Name:
	Last Name: Carlson	Suffix:	
Title:	Finance Director		
Complete Address:			
Street1:	411 First Street		
Street2:			
City:	Duluth	State:	MN: Minnesota
Zip / Postal Code:	55802	Country:	USA: UNITED STATES
Phone Number:	218-730-5350	Fax Number:	
E-mail Address:	jcarlson@duluthmn.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: Mindy	Middle Name:
	Last Name: Granley	Suffix:	
Title:	Sustainability Officer		
Complete Address:			
Street1:	411 West First Street		
Street2:			
City:	Duluth	State:	MN: Minnesota
Zip / Postal Code:	55802	Country:	USA: UNITED STATES
Phone Number:	21-730-5334	Fax Number:	
E-mail Address:	mgranley@duluthmn.gov		

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: