



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:	First Name:	Middle Name:
		Elda	
	Last Name:		Suffix:
	Rodriguez-Hefner		
Title:	Office of the Comptroller Grants Administrato		
Complete Address:			
Street1:	300 N. Campbell Street		
Street2:			
City:	El Paso	State:	TX: Texas
Zip / Postal Code:	79901-1402	Country:	USA: UNITED STATES
Phone Number:	915-212-1795	Fax Number:	
E-mail Address:	rodriguez-hefnere@elpasotexas.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Luis	
	Last Name:		Suffix:
	Mier		
Title:	Treasury Services Coordinator		
Complete Address:			
Street1:	300 N. Campbell Street		
Street2:			
City:	El Paso	State:	TX: Texas
Zip / Postal Code:	79901-1402	Country:	USA: UNITED STATES
Phone Number:	915-212-1173	Fax Number:	
E-mail Address:	mierlh@elpasotexas.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:	Middle Name:
		Francisco	
	Last Name:		Suffix:
	Villa		
Title:	Contract Compliance Manager		
Complete Address:			
Street1:	801 Texas Ave		
Street2:			
City:	El Paso	State:	TX: Texas
Zip / Postal Code:	79901-1402	Country:	USA: UNITED STATES
Phone Number:	915-212-1688	Fax Number:	
E-mail Address:	villaf@elpasotexas.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: