



# 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.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Jeremy	Marc
<b>Last Name:</b>			<b>Suffix:</b>
Gorden			
<b>Title:</b>	Transportation Division Engineer		
<b>Complete Address:</b>			
<b>Street1:</b>	225 4th St N		
<b>Street2:</b>			
<b>City:</b>	<b>State:</b>		
Fargo	ND: North Dakota		
<b>Zip / Postal Code:</b>	<b>Country:</b>		
58102	USA: UNITED STATES		
<b>Phone Number:</b>	<b>Fax Number:</b>		
701-241-1529	701-241-8101		
<b>E-mail Address:</b>	jgorden@fargond.gov		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Wyatt	
<b>Last Name:</b>			<b>Suffix:</b>
Papenfuss			
<b>Title:</b>	Finance Manager		
<b>Complete Address:</b>			
<b>Street1:</b>	225 4th St N		
<b>Street2:</b>			
<b>City:</b>	<b>State:</b>		
Fargo	ND: North Dakota		
<b>Zip / Postal Code:</b>	<b>Country:</b>		
58102	USA: UNITED STATES		
<b>Phone Number:</b>	<b>Fax Number:</b>		
701-241-1333			
<b>E-mail Address:</b>	wpapenfuss@fargond.gov		

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

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Brenda	E
<b>Last Name:</b>			<b>Suffix:</b>
Derrig			
<b>Title:</b>	Assistant City Administrator		
<b>Complete Address:</b>			
<b>Street1:</b>	225 4th St N		
<b>Street2:</b>			
<b>City:</b>	<b>State:</b>		
Fargo	ND: North Dakota		
<b>Zip / Postal Code:</b>	<b>Country:</b>		
58102	USA: UNITED STATES		
<b>Phone Number:</b>	<b>Fax Number:</b>		
701-241-1310			
<b>E-mail Address:</b>	bderrig@fargond.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:**