



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: Monica	Middle Name:
	Last Name: Cepero	Suffix:	
Title:	County Administrator		
Complete Address:			
Street1:	115 S. Andrews Ave		
Street2:			
City:	Fort Lauderdale	State:	FL: Florida
Zip / Postal Code:	33301	Country:	USA: UNITED STATES
Phone Number:	954-357-7354	Fax Number:	954-357-7360
E-mail Address:	mcepero@broward.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Karen	Middle Name:
	Last Name: Torres	Suffix:	
Title:	Administrative Officer		
Complete Address:			
Street1:	115 S. Andrews Ave		
Street2:			
City:	Fort Lauderdale	State:	FL: Florida
Zip / Postal Code:	33301	Country:	USA: UNITED STATES
Phone Number:	954-519-1466	Fax Number:	954-357-8655
E-mail Address:	ktores@broward.org		

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

Name:	Prefix: Mr.	First Name: Hodge	Middle Name:
	Last Name: Hermann	Suffix:	
Title:	Manager Budget and Management Program		
Complete Address:			
Street1:	115 S. Andrews Ave		
Street2:			
City:	Fort Lauderdale	State:	FL: Florida
Zip / Postal Code:	33301	Country:	USA: UNITED STATES
Phone Number:	954-357-6356	Fax Number:	
E-mail Address:	hhermann@broward.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: