



# 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>
		James A. (or Heather)	
	<b>Last Name:</b>		<b>Suffix:</b>
	Crawford (or VanZile)		
<b>Title:</b>	Tribal Chairman (or Vice-Chair)		
<b>Complete Address:</b>			
<b>Street1:</b>	5416 Everybody's Road		
<b>Street2:</b>	PO Box 340		
<b>City:</b>	<b>State:</b>	WI: Wisconsin	
<b>Zip / Postal Code:</b>	<b>Country:</b>	USA: UNITED STATES	
54520-0340			
<b>Phone Number:</b>	<b>Fax Number:</b>		
715-478-7200			
<b>E-mail Address:</b>	FCPGrantsChairman@fcp-nsn.gov		

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

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
	Mr.	Manny	
	<b>Last Name:</b>		<b>Suffix:</b>
	Johnson		
<b>Title:</b>	Tribal Treasurer		
<b>Complete Address:</b>			
<b>Street1:</b>	5416 Everybody's Road		
<b>Street2:</b>	PO Box 340		
<b>City:</b>	<b>State:</b>	WI: Wisconsin	
<b>Zip / Postal Code:</b>	<b>Country:</b>	USA: UNITED STATES	
54520-0340			
<b>Phone Number:</b>	<b>Fax Number:</b>		
715-478-7200			
<b>E-mail Address:</b>	Manny.Johnson@fcp-nsn.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>
	Ms.	Cara	
	<b>Last Name:</b>		<b>Suffix:</b>
	Kulhanek		
<b>Title:</b>	Grants Department Manager		
<b>Complete Address:</b>			
<b>Street1:</b>	5416 Everybody's Road PO Box 340		
<b>Street2:</b>	PO Box 340		
<b>City:</b>	<b>State:</b>	WI: Wisconsin	
<b>Zip / Postal Code:</b>	<b>Country:</b>	USA: UNITED STATES	
54520-0340			
<b>Phone Number:</b>	<b>Fax Number:</b>		
715-478-7338			
<b>E-mail Address:</b>	Cara.Kulhanek@fcp-nsn.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:**