



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: Mrs.	First Name: Nancy	Middle Name:
	Last Name: Smallwood		Suffix:
Title:	Grant Manager		
Complete Address:			
Street1:	110 E Main St		
Street2:	Suite 255		
City:	Cumming	State:	GA: Georgia
Zip / Postal Code:	30040	Country:	USA: UNITED STATES
Phone Number:	678-455-9915	Fax Number:	770-886-2827
E-mail Address:	nsmallwood@forsythco.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Jody	Middle Name:
	Last Name: Tallant		Suffix:
Title:	Accounting Manager		
Complete Address:			
Street1:	110 E Main St		
Street2:	Suite 255		
City:	Cumming	State:	GA: Georgia
Zip / Postal Code:	30040	Country:	USA: UNITED STATES
Phone Number:	770-781-2131	Fax Number:	770-886-2827
E-mail Address:	JRTallant@forsythco.com		

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

Name:	Prefix: Mrs.	First Name: Nancy	Middle Name:
	Last Name: Smallwood		Suffix:
Title:	Grant Manager		
Complete Address:			
Street1:	110 E Main St		
Street2:	Suite 255		
City:	Cumming	State:	GA: Georgia
Zip / Postal Code:	30040	Country:	USA: UNITED STATES
Phone Number:	678-455-9915	Fax Number:	770-886-2827
E-mail Address:	nsmallwood@forsythco.com		

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: