



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:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text"/>			Suffix:	<input type="text"/>
Title:	<input type="text"/>					
Complete Address:						
	Street1:	<input type="text"/>				
	Street2:	<input type="text"/>				
	City:	<input type="text"/>	State:	<input type="text"/>		
	Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>		
Phone Number:	<input type="text"/>		Fax Number:	<input type="text"/>		
E-mail Address:	<input type="text"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text" value="Mrs."/>	First Name:	<input type="text" value="Linnea"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Scherer"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Controller"/>					
Complete Address:						
	Street1:	<input type="text" value="682 State Route 31"/>				
	Street2:	<input type="text"/>				
	City:	<input type="text" value="Oswego"/>	State:	<input type="text" value="IL: Illinois"/>		
	Zip / Postal Code:	<input type="text" value="60543"/>	Country:	<input type="text" value="USA: UNITED STATES"/>		
Phone Number:	<input type="text" value="6303016824"/>		Fax Number:	<input type="text"/>		
E-mail Address:	<input type="text" value="Linnea@foxmetro.org"/>					

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

Name:	Prefix:	<input type="text" value="Mr."/>	First Name:	<input type="text" value="Daniel"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Rivera"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Human Resources and Safety Supervisor"/>					
Complete Address:						
	Street1:	<input type="text" value="682 Route 31"/>				
	Street2:	<input type="text"/>				
	City:	<input type="text" value="Oswego"/>	State:	<input type="text" value="IL: Illinois"/>		
	Zip / Postal Code:	<input type="text" value="60543"/>	Country:	<input type="text" value="USA: UNITED STATES"/>		
Phone Number:	<input type="text" value="6303106830"/>		Fax Number:	<input type="text"/>		
E-mail Address:	<input type="text" value="DRivera@foxmetro.org"/>					

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Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: Mrs. First Name: Karen Middle Name: Last Name: Clementi Suffix: Title: District Manager

Complete Address:

Street1: 382 State Route 31 Street2: City: Oswego State: IL: Illinois Zip / Postal Code: 60543 Country: USA: UNITED STATES Phone Number: 6303016819 Fax Number: E-mail Address: kclementi@foxmetro.org