



# 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>  | <input type="text"/>                | <b>First Name:</b>                              | <input type="text" value="Robert"/> | <b>Middle Name:</b>  | <input type="text"/> |
|                           | <b>Last Name:</b>                                       | <input type="text" value="Phipps"/> |   |                                     | <b>Suffix:</b>       | <input type="text"/> |
| <b>Title:</b>             | <input type="text" value="Interim Executive Director"/> |                                     |   |                                     |                      |                      |
| <b>Complete Address:</b>  |   |                                     |   |                                     |                      |                      |
| <b>Street1:</b>           | <input type="text" value="2035 Tulare St Suit 201"/>    |                                     |   |                                     |                      |                      |
| <b>Street2:</b>           | <input type="text"/>                                    |                                     |   |                                     |                      |                      |
| <b>City:</b>              | <input type="text" value="Fresno"/>                     | <b>State:</b>                       | <input type="text" value="CA: California"/>     |                                     |                      |                      |
| <b>Zip / Postal Code:</b> | <input type="text" value="93721"/>                      | <b>Country:</b>                     | <input type="text" value="USA: UNITED STATES"/> |                                     |                      |                      |
| <b>Phone Number:</b>      | <input type="text" value="15592334148"/>                |                                     |   | <b>Fax Number:</b>                  | <input type="text"/> |                      |
| <b>E-mail Address:</b>    | <input type="text" value="rhipps@fresnocog.org"/>       |                                     |   |                                     |                      |                      |

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

|                           |  |                                       |   |                                  |                      |                      |
|---------------------------|--|---------------------------------------|---|----------------------------------|----------------------|----------------------|
| <b>Name:</b>              | <b>Prefix:</b>                                       | <input type="text"/>                  | <b>First Name:</b>                              | <input type="text" value="Les"/> | <b>Middle Name:</b>  | <input type="text"/> |
|                           | <b>Last Name:</b>                                    | <input type="text" value="Beshears"/> |   |                                  | <b>Suffix:</b>       | <input type="text"/> |
| <b>Title:</b>             | <input type="text" value="Finance Director"/>        |                                       |   |                                  |                      |                      |
| <b>Complete Address:</b>  |  |                                       |   |                                  |                      |                      |
| <b>Street1:</b>           | <input type="text" value="2035 Tulare St Suit 201"/> |                                       |   |                                  |                      |                      |
| <b>Street2:</b>           | <input type="text"/>                                 |                                       |   |                                  |                      |                      |
| <b>City:</b>              | <input type="text" value="Fresno"/>                  | <b>State:</b>                         | <input type="text" value="CA: California"/>     |                                  |                      |                      |
| <b>Zip / Postal Code:</b> | <input type="text" value="93721"/>                   | <b>Country:</b>                       | <input type="text" value="USA: UNITED STATES"/> |                                  |                      |                      |
| <b>Phone Number:</b>      | <input type="text" value="15592334148"/>             |                                       |   | <b>Fax Number:</b>               | <input type="text"/> |                      |
| <b>E-mail Address:</b>    | <input type="text" value="beshears@fresnocog.org"/>  |                                       |   |                                  |                      |                      |

**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>                                       | <input type="text"/>                | <b>First Name:</b>                              | <input type="text" value="Paul"/> | <b>Middle Name:</b>  | <input type="text"/> |
|                           | <b>Last Name:</b>                                    | <input type="text" value="Herman"/> |   |                                   | <b>Suffix:</b>       | <input type="text"/> |
| <b>Title:</b>             | <input type="text" value="Principal Planner"/>       |                                     |   |                                   |                      |                      |
| <b>Complete Address:</b>  |  |                                     |   |                                   |                      |                      |
| <b>Street1:</b>           | <input type="text" value="2035 Tulare St Suit 201"/> |                                     |   |                                   |                      |                      |
| <b>Street2:</b>           | <input type="text"/>                                 |                                     |   |                                   |                      |                      |
| <b>City:</b>              | <input type="text" value="Fresno"/>                  | <b>State:</b>                       | <input type="text" value="CA: California"/>     |                                   |                      |                      |
| <b>Zip / Postal Code:</b> | <input type="text" value="93721"/>                   | <b>Country:</b>                     | <input type="text" value="USA: UNITED STATES"/> |                                   |                      |                      |
| <b>Phone Number:</b>      | <input type="text" value="15592334148"/>             |                                     |   | <b>Fax Number:</b>                | <input type="text"/> |                      |
| <b>E-mail Address:</b>    | <input type="text" value="pherman@fresnocog.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:**