



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: Mr. | First Name: Jeff | Middle Name: |
| | Last Name: Cown | | Suffix: |
| Title: | Director | | |
| Complete Address: | | | |
| Street1: | 2 Martin Luther King Jr. Drive SE Suite 1456 East Tower | | |
| Street2: | | | |
| City: | Atlanta | State: | GA: Georgia |
| Zip / Postal Code: | 30334 | Country: | USA: UNITED STATES |
| Phone Number: | 404-772-4974 | Fax Number: | 404-651-5778 |
| E-mail Address: | | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|---|---------------------------|---------------------|
| Name: | Prefix: Ms. | First Name: Denise | Middle Name: |
| | Last Name: Bowen | | Suffix: |
| Title: | Federal Accounting Manager | | |
| Complete Address: | | | |
| Street1: | 2 Martin Luther King Jr. Drive SE 1262 East Tower | | |
| Street2: | | | |
| City: | Atlanta | State: | GA: Georgia |
| Zip / Postal Code: | 30334 | Country: | USA: UNITED STATES |
| Phone Number: | 404-453-2881 | Fax Number: | |
| E-mail Address: | denise.bowen@dnr.ga.gov | | |

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

| | | | |
|---------------------------|---|-------------------------|---------------------|
| Name: | Prefix: Ms. | First Name: Erin | Middle Name: |
| | Last Name: Ruoff | | Suffix: |
| Title: | Finance Director | | |
| Complete Address: | | | |
| Street1: | 2 Martin Luther King Jr. Drive SE 1452 East Tower | | |
| Street2: | | | |
| City: | Atlanta | State: | GA: Georgia |
| Zip / Postal Code: | 30334 | Country: | USA: UNITED STATES |
| Phone Number: | 470-524-2791 | Fax Number: | |
| E-mail Address: | erin.ruoff@dnr.ga.gov | | |

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: