



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: Ms.	First Name: Laura	Middle Name:
	Last Name: Mathis	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	175 Emery Highway		
Street2:	Suite C		
City:	Macon	State:	GA: Georgia
Zip / Postal Code:	31217	Country:	USA: UNITED STATES
Phone Number:	478-751-6160	Fax Number:	478-751-6517
E-mail Address:	lmathis@mg-rc.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Matt	Middle Name:
	Last Name: Garvin	Suffix:	
Title:	Finance Director		
Complete Address:			
Street1:	175 Emery Highway		
Street2:	Suite C		
City:	Macon	State:	GA: Georgia
Zip / Postal Code:	31217	Country:	USA: UNITED STATES
Phone Number:	478-751-6160	Fax Number:	478-751-6517
E-mail Address:	mgarvin@mg-rc.org		

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

Name:	Prefix: Mr.	First Name: Greg	Middle Name:
	Last Name: Boike	Suffix:	
Title:	Director of Planning and Public Admin		
Complete Address:			
Street1:	175 Emery Highway		
Street2:	Suite C		
City:	Macon	State:	GA: Georgia
Zip / Postal Code:	31217	Country:	USA: UNITED STATES
Phone Number:	478-722-6945	Fax Number:	478-751-6517
E-mail Address:	gboike@mg-rc.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: