



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: Kim	Middle Name:
	Last Name: Garland	Suffix:	
Title:	Deputy CFO		
Complete Address:			
Street1:	735 Randolph Street		
Street2:			
City:	Detroit	State:	MI: Michigan
Zip / Postal Code:	48226	Country:	USA: UNITED STATES
Phone Number:	313-570-5913	Fax Number:	
E-mail Address:	kim.garland@glwater.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Alicia	Middle Name:
	Last Name: Schwartz	Suffix:	
Title:	Grants Manager		
Complete Address:			
Street1:	735 Randolph Street		
Street2:			
City:	Detroit	State:	MI: Michigan
Zip / Postal Code:	48226	Country:	USA: UNITED STATES
Phone Number:	313-402-1183	Fax Number:	
E-mail Address:	alicia.schwartz@glwater.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: Nicholas	Middle Name: J
	Last Name: Simms	Suffix:	
Title:	Grants Management Professional		
Complete Address:			
Street1:	735 Randolph Street		
Street2:			
City:	Detroit	State:	MI: Michigan
Zip / Postal Code:	48226	Country:	USA: UNITED STATES
Phone Number:	3139493505	Fax Number:	
E-mail Address:	nicholas.simms@glwater.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: