



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: Steve	Middle Name:
	Last Name: de Mik	Suffix:	
Title:	Deputy General Manager and Chief Financial Of		
Complete Address:			
Street1:	1434 Air Rail Avenue		
Street2:			
City:	Virginia Beach	State:	VA: Virginia
Zip / Postal Code:	23455	Country:	USA: UNITED STATES
Phone Number:	(757) 460-7240	Fax Number:	
E-mail Address:			

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Kassaandra	Middle Name:
	Last Name: Pagan	Suffix:	
Title:	Chief of Accounting		
Complete Address:			
Street1:	1434 Air Rail Avenue		
Street2:			
City:	Virginia Beach	State:	VA: Virginia
Zip / Postal Code:	23455	Country:	USA: UNITED STATES
Phone Number:	(757) 460-7319	Fax Number:	
E-mail Address:	kpagan@hrsd.com		

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: Christina	Middle Name:
	Last Name: Condon	Suffix:	
Title:	Grant Analyst		
Complete Address:			
Street1:	1434 Air Rail Avenue		
Street2:			
City:	Virginia Beach	State:	VA: Virginia
Zip / Postal Code:	23455	Country:	USA: UNITED STATES
Phone Number:	(757) 460-7015	Fax Number:	
E-mail Address:	ccondon@hrsd.com		

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: