



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:	First Name:	Middle Name:
		MARK	B.
	Last Name:		Suffix:
	GLICK		
Title:	CHIEF ENERGY OFFICER		
Complete Address:			
Street1:	235 S. Beretania St. #502		
Street2:			
City:	Honolulu	State:	HI: Hawaii
Zip / Postal Code:	96813-2406	Country:	USA: UNITED STATES
Phone Number:	8085873807	Fax Number:	
E-mail Address:	mark.b.glick@hawaii.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		CATHERINA	
	Last Name:		Suffix:
	PRATT		
Title:	FISCAL MANAGER		
Complete Address:			
Street1:	235 S. Beretania St. #502		
Street2:			
City:	Honolulu	State:	HI: Hawaii
Zip / Postal Code:	96813-2406	Country:	USA: UNITED STATES
Phone Number:	(808) 349-0960	Fax Number:	
E-mail Address:	catherina.m.pratt@hawaii.gov		

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

Name:	Prefix:	First Name:	Middle Name:
		CATHERINA	
	Last Name:		Suffix:
	PRATT		
Title:	FISCAL MANAGER		
Complete Address:			
Street1:	235 S. Beretania St. #502		
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City:	Honolulu	State:	HI: Hawaii
Zip / Postal Code:	96813-2406	Country:	USA: UNITED STATES
Phone Number:	(808) 349-0960	Fax Number:	
E-mail Address:	catherina.m.pratt@hawaii.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: