



# 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.*

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> Charles	<b>Middle Name:</b>
	<b>Last Name:</b> Wemple	<b>Suffix:</b>	
<b>Title:</b>	Executive Director, H-GAC		
<b>Complete Address:</b>			
<b>Street1:</b>	3555 Timmons Lane		
<b>Street2:</b>	Suite 102		
<b>City:</b>	Houston	<b>State:</b>	TX: Texas
<b>Zip / Postal Code:</b>	77227	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	719-993-4514	<b>Fax Number:</b>	
<b>E-mail Address:</b>	charles.wemple@h-gac.com		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b> Christina	<b>Middle Name:</b>
	<b>Last Name:</b> Ordonez-Campos	<b>Suffix:</b>	
<b>Title:</b>	Chief Financial Officer		
<b>Complete Address:</b>			
<b>Street1:</b>	3555 Timmons Lane		
<b>Street2:</b>	Suite 102		
<b>City:</b>	Houston	<b>State:</b>	TX: Texas
<b>Zip / Postal Code:</b>	77227	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	713-993-4510	<b>Fax Number:</b>	
<b>E-mail Address:</b>	christina.ordonez-campos@h-gac.com		

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

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> Andrew	<b>Middle Name:</b>
	<b>Last Name:</b> DeCandis	<b>Suffix:</b>	
<b>Title:</b>	Manager, H-GAC		
<b>Complete Address:</b>			
<b>Street1:</b>	3555 Timmons Lane		
<b>Street2:</b>	Suite 102		
<b>City:</b>	Houston	<b>State:</b>	TX: Texas
<b>Zip / Postal Code:</b>	77227	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	832-681-2589	<b>Fax Number:</b>	
<b>E-mail Address:</b>	andrew.decandis@h-gac.com		

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**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:**