



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: Carla	Middle Name:
	Last Name: Castillo	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	105 Ann Street		
Street2:			
City:	Newburgh	State:	NY: New York
Zip / Postal Code:	12550-5561	Country:	USA: UNITED STATES
Phone Number:	845-564-4075	Fax Number:	
E-mail Address:	ccastillo@hudsonvalleyrc.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Eleanor	Middle Name:
	Last Name: Peck	Suffix:	
Title:	Deputy Executive Director		
Complete Address:			
Street1:	105 Ann Street		
Street2:			
City:	Newburgh	State:	NY: New York
Zip / Postal Code:	12550-5561	Country:	USA: UNITED STATES
Phone Number:	845-564-4075	Fax Number:	
E-mail Address:	epeck@hudsonvalleyrc.org		

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: Carla	Middle Name:
	Last Name: Castillo	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	105 Ann Street		
Street2:			
City:	Newburgh	State:	NY: New York
Zip / Postal Code:	12550-5561	Country:	USA: UNITED STATES
Phone Number:	845-564-4075	Fax Number:	
E-mail Address:	ccastillo@hudsonvalleyrc.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: