



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:	<input type="text"/>	First Name:	<input type="text" value="Brad"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Colantino"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Accounting and Cash Management Unit Manager"/>					
Complete Address:						
Street1:	<input type="text" value="1021 North Grand Ave East"/>					
Street2:	<input type="text" value="P.O. Box 19276"/>					
City:	<input type="text" value="Springfield"/>	State:	<input type="text" value="IL: Illinois"/>			
Zip / Postal Code:	<input type="text" value="62794-9276"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="217-524-5528"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="brad.colantino@illinois.gov"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Phillip"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Blood"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Accountant Supervisor, Cash Management Unit"/>					
Complete Address:						
Street1:	<input type="text" value="1021 North Grand Ave East"/>					
Street2:	<input type="text" value="P.O. Box 19276"/>					
City:	<input type="text" value="Springfield"/>	State:	<input type="text" value="IL: Illinois"/>			
Zip / Postal Code:	<input type="text" value="62794-9276"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="217-782-9892"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="phillip.a.blood@illinois.gov"/>					

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

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Jacob"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Poeschel"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Chief Financial Officer"/>					
Complete Address:						
Street1:	<input type="text" value="1021 North Grand Ave East"/>					
Street2:	<input type="text" value="P.O. Box 19276"/>					
City:	<input type="text" value="Springfield"/>	State:	<input type="text" value="IL: Illinois"/>			
Zip / Postal Code:	<input type="text" value="62794-9276"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="217-524-1340"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="Jacob.Poeschel@illinois.gov"/>					

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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: