



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="Maulik"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Vaishnav"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Senior Deputy Executive Director"/>					
Complete Address:						
Street1:	<input type="text" value="175 W. Jackson Blvd."/>					
Street2:	<input type="text" value="Suite 1550"/>					
City:	<input type="text" value="Chicago"/>	State:	<input type="text" value="IL: Illinois"/>			
Zip / Postal Code:	<input type="text" value="60604"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="(312) 913-3245"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="maulik.vaishnav@rtachicago.org"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="William"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Lachman"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Treasurer"/>					
Complete Address:						
Street1:	<input type="text" value="175 W. Jackson Blvd."/>					
Street2:	<input type="text" value="Suite 1550"/>					
City:	<input type="text" value="Chicago"/>	State:	<input type="text" value="IL: Illinois"/>			
Zip / Postal Code:	<input type="text" value="60604"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="(312) 913-3169"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="william.lachman@rtachicago.org"/>					

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="Brian"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Lowenberg"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Manager, Capital Programs"/>					
Complete Address:						
Street1:	<input type="text" value="175 W. Jackson Blvd."/>					
Street2:	<input type="text" value="Suite 1550"/>					
City:	<input type="text" value="Chicago"/>	State:	<input type="text" value="IL: Illinois"/>			
Zip / Postal Code:	<input type="text" value="60604"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="(312)913-3172"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="brian.lowenberg@rtachicago.org"/>					

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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: