



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: Dr.	First Name: Sarra	Middle Name: Evelyn
	Last Name: Hinshaw		Suffix:
Title:	Sustainability Manager		
Complete Address:			
Street1:	Kane County Government		
Street2:	719 S. Batavia Ave		
City:	Geneva	State:	IL: Illinois
Zip / Postal Code:	60134	Country:	USA: UNITED STATES
Phone Number:	630-208-8665	Fax Number:	
E-mail Address:	HinshawSarra@KaneCountyIL.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Courtney	Middle Name:
	Last Name: Berg-Meyer		Suffix:
Title:	Administrative Manager		
Complete Address:			
Street1:	Kane County Government		
Street2:	719 S. Batavia Ave		
City:	Geneva	State:	IL: Illinois
Zip / Postal Code:	60134	Country:	USA: UNITED STATES
Phone Number:	630-232-3497	Fax Number:	
E-mail Address:	MeyerCourtney@KaneCountyIL.gov		

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: Sarra	Middle Name: Evelyn
	Last Name: Hinshaw		Suffix:
Title:	Sustainability Manager		
Complete Address:			
Street1:	Kane County Government		
Street2:	719 S. Batavia Ave		
City:	Geneva	State:	IL: Illinois
Zip / Postal Code:	60134	Country:	USA: UNITED STATES
Phone Number:	630-209-8665	Fax Number:	
E-mail Address:	HinshawSarra@KaneCountyIL.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: