



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: Mr.	First Name: Paul	Middle Name: R.
	Last Name: Lowe		Suffix:
Title:	Assoc Vice President for Research		
Complete Address:			
Street1:	1601 Vattier Street		
Street2:	103 Fairchild Hall		
City:	Manhattan	State:	KS: Kansas
Zip / Postal Code:	66506-1103	Country:	USA: UNITED STATES
Phone Number:	785-532-6804	Fax Number:	785-532-3640
E-mail Address:	plowe@K-State.edu		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: Megan	Middle Name: M
	Last Name: Webb		Suffix:
Title:	Assistant Director, Sponsored Programs Acctg		
Complete Address:			
Street1:	6th Floor Unger Complex		
Street2:			
City:	Manhattan	State:	KS: Kansas
Zip / Postal Code:	66506-1103	Country:	USA: UNITED STATES
Phone Number:	785-532-6207	Fax Number:	
E-mail Address:	mmd@k-state.edu		

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

Name:	Prefix: Mr.	First Name: Paul	Middle Name: R.
	Last Name: Lowe		Suffix:
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Street1:	1601 Vattier Street		
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Phone Number:	785-532-6804	Fax Number:	785-532-3640
E-mail Address:	research@K-State.edu		

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: