



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: Rod	Middle Name:
	Last Name: Cleair	Suffix:	
Title:	Director of Solid Waste		
Complete Address:			
Street1:	996 Knox Road 2150N		
Street2:			
City:	Oneida	State:	IL: Illinois
Zip / Postal Code:	61447	Country:	USA: UNITED STATES
Phone Number:	(309) 375-6045	Fax Number:	
E-mail Address:	rcleair@knoxcountyil.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Robin	Middle Name:
	Last Name: Davis	Suffix:	
Title:	County Treasurer		
Complete Address:			
Street1:	Knox County Courthouse-First Floor		
Street2:	200 South Cherry Street		
City:	Galesburg	State:	IL: Illinois
Zip / Postal Code:	61401	Country:	USA: UNITED STATES
Phone Number:	(309) 345-3863	Fax Number:	(309) 343-7002
E-mail Address:	rdavis@knoxcountyil.gov		

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: Rod	Middle Name:
	Last Name: Cleair	Suffix:	
Title:	Director of Solid Waste		
Complete Address:			
Street1:	996 Knox Road 2150N		
Street2:			
City:	Oneida	State:	IL: Illinois
Zip / Postal Code:	61447	Country:	USA: UNITED STATES
Phone Number:	(309) 375-6045	Fax Number:	
E-mail Address:	rcleair@knoxcountyil.go		

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: