



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" value="Ms."/>	First Name: <input type="text" value="Becky"/>	Middle Name: <input type="text" value="A"/>
	Last Name: <input type="text" value="Bradley"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Executive Director"/>		
Complete Address:			
Street1:	<input type="text" value="615 Waterfront Dr"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="Allentown"/>	State:	<input type="text" value="PA: Pennsylvania"/>
Zip / Postal Code:	<input type="text" value="18102"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="6102644544"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="bbradley@lvpc.org"/>		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: <input type="text" value="Ms."/>	First Name: <input type="text" value="Vicki"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Weidenhammer"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Controller"/>		
Complete Address:			
Street1:	<input type="text" value="615 Waterfront Dr."/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="Allentown"/>	State:	<input type="text" value="PA: Pennsylvania"/>
Zip / Postal Code:	<input type="text" value="18102"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="6102644544"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="vweidenhammer@lvpc.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" value="Ms."/>	First Name: <input type="text" value="Tracy"/>	Middle Name: <input type="text" value="L"/>
	Last Name: <input type="text" value="Oscavich"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Director of Administration"/>		
Complete Address:			
Street1:	<input type="text" value="615 Waterfront Dr."/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="Allentown"/>	State:	<input type="text" value="PA: Pennsylvania"/>
Zip / Postal Code:	<input type="text" value="18102"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="6102644544"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="toscavich@lvpc.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: