



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: Mrs.	First Name: Megan	Middle Name:
	Last Name: Crowe		Suffix:
Title:	Deputy Planning Director		
Complete Address:			
Street1:	6 Court Street		
Street2:	Room 305		
City:	Geneseo	State:	NY: New York
Zip / Postal Code:	14554-1043	Country:	USA: UNITED STATES
Phone Number:	585-243-7550	Fax Number:	585-243-7566
E-mail Address:	mcrowe@co.livingston.ny.us		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Penny	Middle Name:
	Last Name: Trimm		Suffix:
Title:	Principal Account Clerk		
Complete Address:			
Street1:	6 Court Street		
Street2:	Room 305		
City:	Geneseo	State:	NY: New York
Zip / Postal Code:	14454-1043	Country:	USA: UNITED STATES
Phone Number:	585-243-7550	Fax Number:	585-243-7566
E-mail Address:	ptrimm@co.livingston.ny.us		

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

Name:	Prefix: Mrs.	First Name: Megan	Middle Name:
	Last Name: Crowe		Suffix:
Title:	Deputy Planning Director		
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E-mail Address:	mcrowe@co.livingston.ny.us		

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: