



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: Michael	Middle Name: Jason
	Last Name: Lanclos		Suffix:
Title:	Director, Louisiana State Energy Office		
Complete Address:			
Street1:	617 N. 3rd St.		
Street2:			
City:	Baton Rouge	State:	LA: Louisiana
Zip / Postal Code:	70804	Country:	USA: UNITED STATES
Phone Number:	2253421275	Fax Number:	
E-mail Address:	jason.lanclos@la.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Katie	Middle Name:
	Last Name: Vance		Suffix:
Title:	Accounting Manager 3		
Complete Address:			
Street1:	617 N. 3rd St.		
Street2:			
City:	Baton Rouge	State:	LA: Louisiana
Zip / Postal Code:	70804	Country:	USA: UNITED STATES
Phone Number:	2253429005	Fax Number:	
E-mail Address:	katie.vance2@la.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: Mark	Middle Name:
	Last Name: Normand		Suffix:
Title:	Undersecretary		
Complete Address:			
Street1:	617 N. 3rd St.		
Street2:			
City:	Baton Rouge	State:	LA: Louisiana
Zip / Postal Code:	70804	Country:	USA: UNITED STATES
Phone Number:	2253425007	Fax Number:	
E-mail Address:	mark.normand2@la.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: