



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:	First Name:	Middle Name:
		Richard	
	Last Name:		Suffix:
	Champion		
Title:	Finance Director		
Complete Address:			
Street1:	611 W Jefferson St		
Street2:			
City:	State:	KY: Kentucky	
Louisville			
Zip / Postal Code:	Country:	USA: UNITED STATES	
40202			
Phone Number:	Fax Number:		
502-574-1881			
E-mail Address:	richard.champion@louisvilleky.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Richard	
	Last Name:		Suffix:
	Champion		
Title:	Finance Director		
Complete Address:			
Street1:	611 W Jefferson St		
Street2:			
City:	State:	KY: Kentucky	
Louisville			
Zip / Postal Code:	Country:	USA: UNITED STATES	
40202			
Phone Number:	Fax Number:		
502-574-1881			
E-mail Address:	richard.champion@louisvilleky.gov		

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

Name:	Prefix:	First Name:	Middle Name:
	Mrs.	Sumedha	
	Last Name:		Suffix:
	Rao		
Title:	Executive Director, Office of Sustainability		
Complete Address:			
Street1:	527 W Jefferson St		
Street2:			
City:	State:	KY: Kentucky	
Louisville			
Zip / Postal Code:	Country:	USA: UNITED STATES	
40202			
Phone Number:	Fax Number:		
502-574-1910			
E-mail Address:	sumedha.rao@louisvilleky.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: