



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"/>	First Name:	<input type="text" value="Thomas"/>	Middle Name:	<input type="text" value="A"/>
	Last Name:	<input type="text" value="Golden"/>			Suffix:	<input type="text" value="Jr."/>
Title:	<input type="text" value="City Manager"/>					
Complete Address:						
Street1:	<input type="text" value="375 Merrimack St"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Lowell"/>	State:	<input type="text" value="MA: Massachusetts"/>			
Zip / Postal Code:	<input type="text" value="01852"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="978-674-4402"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="tomgolden@lowellma.gov"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Theodoros"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Panagiotopoulos"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="City Treasurer/Collector"/>					
Complete Address:						
Street1:	<input type="text" value="375 Merrimack St"/>					
Street2:	<input type="text" value="1st Floor, Room 30"/>					
City:	<input type="text" value="Lowell"/>	State:	<input type="text" value="MA: Massachusetts"/>			
Zip / Postal Code:	<input type="text" value="01852"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="978-674-4222"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="tpanagiotopoulos@lowellma.gov"/>					

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"/>	First Name:	<input type="text" value="Conor"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Baldwin"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Chief Financial Officer"/>					
Complete Address:						
Street1:	<input type="text" value="375 Merrimack St"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Lowell"/>	State:	<input type="text" value="MA: Massachusetts"/>			
Zip / Postal Code:	<input type="text" value="01852"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="978-674-4402"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="cbaldwin@lowellma.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: