



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="Hannah"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Pingree"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Director"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="181 State House Station"/> | | |
| Street2: | <input type="text"/> | | |
| City: | <input type="text" value="Augusta"/> | State: | <input type="text" value="ME: Maine"/> |
| Zip / Postal Code: | <input type="text" value="04333-0181"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="1-207-624-7458"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="hannah.pingree@maine.gov"/> | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|--|--|---|
| Name: | Prefix: <input type="text" value="Ms."/> | First Name: <input type="text" value="Hannah"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Pingree"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Director"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="181 State House Station"/> | | |
| Street2: | <input type="text"/> | | |
| City: | <input type="text" value="Augusta"/> | State: | <input type="text" value="ME: Maine"/> |
| Zip / Postal Code: | <input type="text" value="04333-0181"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="1-207-624-7458"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="hannah.pingree@maine.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" value="Ms."/> | First Name: <input type="text" value="Cheryl"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Miller"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Secretary Specialist"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="181 State House Station"/> | | |
| Street2: | <input type="text"/> | | |
| City: | <input type="text" value="Augusta"/> | State: | <input type="text" value="ME: Maine"/> |
| Zip / Postal Code: | <input type="text" value="04333-0181"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="1-207-624-7458"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="cheryl.miller@maine.gov"/> | | |

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: