



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: Charles	Middle Name:
	Last Name: Ferguson	Suffix:	
Title:	Controller		
Complete Address:			
Street1:	110 Pequot Trail		
Street2:	P.O. Box 3008		
City:	Mashantucket	State:	CT: Connecticut
Zip / Postal Code:	06338-3008	Country:	USA: UNITED STATES
Phone Number:	860-396-3180	Fax Number:	
E-mail Address:	CFerguson@mptn-nsn.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Charles	Middle Name:
	Last Name: Ferguson	Suffix:	
Title:	Controller		
Complete Address:			
Street1:	110 Pequot Trail		
Street2:	P.O. Box 3008		
City:	Mashantucket	State:	CT: Connecticut
Zip / Postal Code:	06338-3008	Country:	USA: UNITED STATES
Phone Number:	860-396-3180	Fax Number:	
E-mail Address:	CFerguson@mptn-nsn.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: David	Middle Name:
	Last Name: Wagner	Suffix:	
Title:	Grants Administrator		
Complete Address:			
Street1:	2 Matt's Path		
Street2:	P.O. Box 3060		
City:	Mashantucket	State:	CT: Connecticut
Zip / Postal Code:	06338-3060	Country:	USA: UNITED STATES
Phone Number:	860-396-6215	Fax Number:	
E-mail Address:	DWagner@mptn-nsn.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: