



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:
		Gena	
	Last Name:		Suffix:
	Kakkak		
Title:	Tribal Chairwoman		
Complete Address:			
Street1:	P.O. Box 910		
Street2:	W2908 Tribal Office Loop Road		
City:	State:	WI: Wisconsin	
Keshena			
Zip / Postal Code:	Country:	USA: UNITED STATES	
54135-0910			
Phone Number:	Fax Number:		
(715) 799-5154	(715) 799-4525		
E-mail Address:	mitwadmin@mitw.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Kathy	
	Last Name:		Suffix:
	Kaquatosh		
Title:	Interim Finance Director		
Complete Address:			
Street1:	P.O. Box 910		
Street2:	2794 Go Around Road		
City:	State:	WI: Wisconsin	
Keshena			
Zip / Postal Code:	Country:	USA: UNITED STATES	
54135-0910			
Phone Number:	Fax Number:		
(715) 799-5157	(715) 799-5183		
E-mail Address:	FinanceAccountingGroup@mitw.org		

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:
		Natasha	
	Last Name:		Suffix:
	Chevalier		
Title:	Director of Community Development & Utilities		
Complete Address:			
Street1:	P.O. Box 910		
Street2:	2794 Go Around Road		
City:	State:	WI: Wisconsin	
Keshena			
Zip / Postal Code:	Country:	USA: UNITED STATES	
54135-0910			
Phone Number:	Fax Number:		
(715) 799-5157	(715) 799-5183		
E-mail Address:	ncchevalier@mitw.org		

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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: