



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: Casey | Middle Name: |
| | Last Name: Covington | | Suffix: |
| Title: | Executive Director | | |
| Complete Address: | | | |
| Street1: | 501 W. Markham St. | | |
| Street2: | Ste. B | | |
| City: | Little Rock | State: | AR: Arkansas |
| Zip / Postal Code: | 72201-1409 | Country: | USA: UNITED STATES |
| Phone Number: | 501-372-3300 | Fax Number: | |
| E-mail Address: | ccovington@metroplan.org | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|-----------------------------|--------------------------|---------------------|
| Name: | Prefix: Mr. | First Name: Casey | Middle Name: |
| | Last Name: Covington | | Suffix: |
| Title: | Executive Director | | |
| Complete Address: | | | |
| Street1: | 501 W. Markham St. | | |
| Street2: | Ste. B | | |
| City: | Little Rock | State: | AR: Arkansas |
| Zip / Postal Code: | 72201-1409 | Country: | USA: UNITED STATES |
| Phone Number: | 501-372-3300 | Fax Number: | |
| E-mail Address: | ccovington@metroplan.org | | |

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

| | | | |
|---------------------------|--------------------------|--------------------------|---------------------|
| Name: | Prefix: Ms. | First Name: Tammy | Middle Name: |
| | Last Name: Gillis | | Suffix: |
| Title: | Administrator | | |
| Complete Address: | | | |
| Street1: | 501 W. Markham St. | | |
| Street2: | Ste. B | | |
| City: | Little Rock | State: | AR: Arkansas |
| Zip / Postal Code: | 72201-1409 | Country: | USA: UNITED STATES |
| Phone Number: | 501-372-3300 | Fax Number: | |
| E-mail Address: | tgillis@metroplan.org | | |

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: