



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="Lizzi"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Weyant"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Deputy Executive Director"/> | | | | | |
| Complete Address: | | | | | | |
| Street1: | <input type="text" value="60 Temple Place"/> | | | | | |
| Street2: | <input type="text"/> | | | | | |
| City: | <input type="text" value="Boston"/> | State: | <input type="text" value="MA: Massachusetts"/> | | | |
| Zip / Postal Code: | <input type="text" value="02111-1379"/> | Country: | <input type="text" value="USA: UNITED STATES"/> | | | |
| Phone Number: | <input type="text" value="617-933-0703"/> | Fax Number: | <input type="text"/> | | | |
| E-mail Address: | <input type="text" value="eweyant@mapc.org"/> | | | | | |

Payee: *Individual authorized to accept payments.*

| | | | | | | |
|---------------------------|--|-----------------------------------|---|-----------------------------------|---------------------|----------------------|
| Name: | Prefix: | <input type="text"/> | First Name: | <input type="text" value="Anna"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Cole"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Chief Financial Officer"/> | | | | | |
| Complete Address: | | | | | | |
| Street1: | <input type="text" value="60 Temple Place"/> | | | | | |
| Street2: | <input type="text"/> | | | | | |
| City: | <input type="text" value="Boston"/> | State: | <input type="text" value="MA: Massachusetts"/> | | | |
| Zip / Postal Code: | <input type="text" value="02111-1379"/> | Country: | <input type="text" value="USA: UNITED STATES"/> | | | |
| Phone Number: | <input type="text" value="617.933.0700"/> | Fax Number: | <input type="text"/> | | | |
| E-mail Address: | <input type="text" value="acole@mapc.org"/> | | | | | |

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="Anna"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Cole"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Chief Financial Officer"/> | | | | | |
| Complete Address: | | | | | | |
| Street1: | <input type="text" value="60 Temple Place"/> | | | | | |
| Street2: | <input type="text"/> | | | | | |
| City: | <input type="text" value="Boston"/> | State: | <input type="text" value="MA: Massachusetts"/> | | | |
| Zip / Postal Code: | <input type="text" value="02111-1379"/> | Country: | <input type="text" value="USA: UNITED STATES"/> | | | |
| Phone Number: | <input type="text" value="617.933.0700"/> | Fax Number: | <input type="text"/> | | | |
| E-mail Address: | <input type="text" value="acole@mapc.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: