



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: Ms.	First Name: Edith	Middle Name: M
	Last Name: Makra	Suffix:	
Title:	Director of Environmental Initiatives		
Complete Address:			
Street1:	433 W Van Buren St		
Street2:	Suite 450		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60607	Country:	USA: UNITED STATES
Phone Number:	630-327-4193	Fax Number:	
E-mail Address:	emakra@mayorscaucus.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Neil	Middle Name: C.
	Last Name: James	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	433 W Van Buren St		
Street2:	Suite 450		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60607	Country:	USA: UNITED STATES
Phone Number:	312-201-4505	Fax Number:	312-258-1851
E-mail Address:	njames@mayorscaucus.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: Edith	Middle Name: M
	Last Name: Makra	Suffix:	
Title:	Director of Environmental Initiatives		
Complete Address:			
Street1:	433 W Van Buren St		
Street2:	Suite 450		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60607	Country:	USA: UNITED STATES
Phone Number:	630-327-4193	Fax Number:	
E-mail Address:	emakra@mayorscaucus.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: