



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: Alix	Middle Name:
	Last Name: Bockelman	Suffix:	
Title:	Chief Deputy Executive Director		
Complete Address:			
Street1:	375 Beale Street		
Street2:			
City:	San Francisco	State:	CA: California
Zip / Postal Code:	94105	Country:	USA: UNITED STATES
Phone Number:	415-778-5250	Fax Number:	
E-mail Address:	ABockelman@bayareametro.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Oscar	Middle Name:
	Last Name: Quintanilla Lopez	Suffix:	
Title:	Acting Director Budget and Financial Planning		
Complete Address:			
Street1:	375 Beale Street		
Street2:			
City:	San Francisco	State:	CA: California
Zip / Postal Code:	94105	Country:	USA: UNITED STATES
Phone Number:	415-778-4409	Fax Number:	
E-mail Address:	oquintanillalopez@bayareametro.gov		

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: Krute	Middle Name:
	Last Name: Singa	Suffix:	
Title:	Principal Planner		
Complete Address:			
Street1:	375 Beale Street		
Street2:			
City:	San Francisco	State:	CA: California
Zip / Postal Code:	94105	Country:	USA: UNITED STATES
Phone Number:	(415) 778-5365	Fax Number:	
E-mail Address:	ksinga@bayareametro.gov		

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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: