



# 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.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Arthur	y
	<b>Last Name:</b>		<b>Suffix:</b>
	Noriega		
<b>Title:</b>	City Manager		
<b>Complete Address:</b>			
<b>Street1:</b>	444 SW 2nd Avenue 5th Floor		
<b>Street2:</b>			
<b>City:</b>	Miami	<b>State:</b>	FL: Florida
<b>Zip / Postal Code:</b>	33130	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	305-250-5400	<b>Fax Number:</b>	
<b>E-mail Address:</b>			

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Erica	
	<b>Last Name:</b>		<b>Suffix:</b>
	Paschal		
<b>Title:</b>	Director of Finance		
<b>Complete Address:</b>			
<b>Street1:</b>	444 SW 2nd Avenue		
<b>Street2:</b>	6th Floor		
<b>City:</b>	Miami	<b>State:</b>	FL: Florida
<b>Zip / Postal Code:</b>	33130	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	305-416-1328	<b>Fax Number:</b>	
<b>E-mail Address:</b>			

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

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Lillian	
	<b>Last Name:</b>		<b>Suffix:</b>
	Blondet		
<b>Title:</b>			
<b>Complete Address:</b>			
<b>Street1:</b>	444 SW 2nd Avenue 5th Floor		
<b>Street2:</b>			
<b>City:</b>	Miami	<b>State:</b>	FL: Florida
<b>Zip / Postal Code:</b>	33130	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	305-416-1536	<b>Fax Number:</b>	
<b>E-mail Address:</b>			

# 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:**