



# 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>            | <input type="text"/> | <b>First Name:</b> | <input type="text"/> | <b>Middle Name:</b> | <input type="text"/> |
|                          | <b>Last Name:</b>         | <input type="text"/> |                    |                      | <b>Suffix:</b>      | <input type="text"/> |
| <b>Title:</b>            | <input type="text"/>      |                      |                    |                      |                     |                      |
| <b>Complete Address:</b> |                           |                      |                    |                      |                     |                      |
|                          | <b>Street1:</b>           | <input type="text"/> |                    |                      |                     |                      |
|                          | <b>Street2:</b>           | <input type="text"/> |                    |                      |                     |                      |
|                          | <b>City:</b>              | <input type="text"/> | <b>State:</b>      | <input type="text"/> |                     |                      |
|                          | <b>Zip / Postal Code:</b> | <input type="text"/> | <b>Country:</b>    | <input type="text"/> |                     |                      |
| <b>Phone Number:</b>     | <input type="text"/>      |                      | <b>Fax Number:</b> | <input type="text"/> |                     |                      |
| <b>E-mail Address:</b>   | <input type="text"/>      |                      |                    |                      |                     |                      |

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

|                          |                           |                      |                    |                      |                     |                      |
|--------------------------|---------------------------|----------------------|--------------------|----------------------|---------------------|----------------------|
| <b>Name:</b>             | <b>Prefix:</b>            | <input type="text"/> | <b>First Name:</b> | Ed                   | <b>Middle Name:</b> | <input type="text"/> |
|                          | <b>Last Name:</b>         | Willoughby           |                    |                      | <b>Suffix:</b>      | <input type="text"/> |
| <b>Title:</b>            | Federal Aid Coordinator   |                      |                    |                      |                     |                      |
| <b>Complete Address:</b> |                           |                      |                    |                      |                     |                      |
|                          | <b>Street1:</b>           | P.O. Box 30473       |                    |                      |                     |                      |
|                          | <b>Street2:</b>           | <input type="text"/> |                    |                      |                     |                      |
|                          | <b>City:</b>              | Lansing              | <b>State:</b>      | MI: Michigan         |                     |                      |
|                          | <b>Zip / Postal Code:</b> | 48909-7973           | <b>Country:</b>    | USA: UNITED STATES   |                     |                      |
| <b>Phone Number:</b>     | 517-242-1285              |                      | <b>Fax Number:</b> | <input type="text"/> |                     |                      |
| <b>E-mail Address:</b>   | willoughbye@michigan.gov  |                      |                    |                      |                     |                      |

**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>            | <input type="text"/> | <b>First Name:</b> | Lisa                 | <b>Middle Name:</b> | <input type="text"/> |
|                          | <b>Last Name:</b>         | Root                 |                    |                      | <b>Suffix:</b>      | <input type="text"/> |
| <b>Title:</b>            | Financial Manager         |                      |                    |                      |                     |                      |
| <b>Complete Address:</b> |                           |                      |                    |                      |                     |                      |
|                          | <b>Street1:</b>           | P.O. Box 30473       |                    |                      |                     |                      |
|                          | <b>Street2:</b>           | <input type="text"/> |                    |                      |                     |                      |
|                          | <b>City:</b>              | Lansing              | <b>State:</b>      | MI: Michigan         |                     |                      |
|                          | <b>Zip / Postal Code:</b> | 48909-7973           | <b>Country:</b>    | USA: UNITED STATES   |                     |                      |
| <b>Phone Number:</b>     | 989-445-0127              |                      | <b>Fax Number:</b> | <input type="text"/> |                     |                      |
| <b>E-mail Address:</b>   | rootl@michigan.gov        |                      |                    |                      |                     |                      |

# 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:**