



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: Mr.	First Name: Doug	Middle Name:
	Last Name: Norsby	Suffix:	
Title:	Senior Environmental Planner		
Complete Address:			
Street1:	600 Broadway Boulevard		
Street2:	Suite 200		
City:	Kansas City	State:	MO: Missouri
Zip / Postal Code:	64105-1659	Country:	USA: UNITED STATES
Phone Number:	(816) 701-8259	Fax Number:	
E-mail Address:	dnorsby@marc.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Carol	Middle Name:
	Last Name: Gonzales	Suffix:	
Title:	Director of Finance and Administration		
Complete Address:			
Street1:	600 Broadway Boulevard		
Street2:	Suite 200		
City:	Kansas City	State:	MO: Missouri
Zip / Postal Code:	64105-1659	Country:	USA: UNITED STATES
Phone Number:	(816) 701-8204	Fax Number:	
E-mail Address:	cgonzales@marc.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: Karen	Middle Name:
	Last Name: Clawson	Suffix:	
Title:	Climate & Air Programs Manager		
Complete Address:			
Street1:	600 Broadway Boulevard		
Street2:	Suite 200		
City:	Kansas City	State:	MO: Missouri
Zip / Postal Code:	64105-1659	Country:	USA: UNITED STATES
Phone Number:	(816) 701-8255	Fax Number:	
E-mail Address:	kclawson@marc.org		

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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: