



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:	<input type="text"/>	First Name:	<input type="text" value="Margaret"/>	Middle Name:	<input type="text" value="Anderson"/>
	Last Name:	<input type="text" value="Kelliher"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Chief Operating Officer"/>					
Complete Address:						
Street1:	<input type="text" value="350 South 5th St."/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Minneapolis"/>	State:	<input type="text" value="MN: Minnesota"/>			
Zip / Postal Code:	<input type="text" value="55415"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="612-673-3071"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="margaret.andersonkelliher@minneapolismn.gov"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Allen"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Hoppe"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Director Investments & Debt Management"/>					
Complete Address:						
Street1:	<input type="text" value="350 South 5th St."/>					
Street2:	<input type="text" value="Room 323M"/>					
City:	<input type="text" value="Minneapolis"/>	State:	<input type="text" value="MN: Minnesota"/>			
Zip / Postal Code:	<input type="text" value="55415"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="612-673-3496"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="allen.hoppe@minneapolismn.gov"/>					

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

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Christine"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Tholkes"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Director Health Operations"/>					
Complete Address:						
Street1:	<input type="text" value="505 South 4th Ave."/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Minneapolis"/>	State:	<input type="text" value="MN: Minnesota"/>			
Zip / Postal Code:	<input type="text" value="55415"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="612-719-5787"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="christine.tholkes@minneapolismn.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: