



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="Kacey"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Strickland"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Executive Director"/>					
Complete Address:						
Street1:	<input type="text" value="301 Research Blvd."/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Starkville"/>	State:	<input type="text" value="MS: Mississippi"/>			
Zip / Postal Code:	<input type="text" value="39759-7754"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="662-325-7404"/>	Fax Number:	<input type="text" value="662-325-3803"/>			
E-mail Address:	<input type="text" value="aor@osp.msstate.edu"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Betty"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Gentry"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Director, Treasury Services"/>					
Complete Address:						
Street1:	<input type="text" value="245 Barr Avenue, 539 McArthur Hall"/>					
Street2:	<input type="text" value="PO Box 5227"/>					
City:	<input type="text" value="Mississippi State"/>	State:	<input type="text" value="MS: Mississippi"/>			
Zip / Postal Code:	<input type="text" value="397625227"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="662-325-1931"/>	Fax Number:	<input type="text" value="662-325-1464"/>			
E-mail Address:	<input type="text" value="bgentry@controller.msstate.edu"/>					

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="Angie"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Templeton"/>			Suffix:	<input type="text"/>
Title:	<input type="text"/>					
Complete Address:						
Street1:	<input type="text" value="301 Research Blvd."/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Starkville"/>	State:	<input type="text" value="MS: Mississippi"/>			
Zip / Postal Code:	<input type="text" value="39759"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="6623257404"/>	Fax Number:	<input type="text"/>			
E-mail Address:	<input type="text" value="atempleton@osp.msstate.edu"/>					

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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: