



# 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> Ms.	<b>First Name:</b> Darcy	<b>Middle Name:</b>
	<b>Last Name:</b> Bybee		<b>Suffix:</b>
<b>Title:</b>	Director, Division of Administrative Support		
<b>Complete Address:</b>			
<b>Street1:</b>	Missouri Department of Natural Resources		
<b>Street2:</b>	1101 Riverside Drive		
<b>City:</b>	Jefferson City	<b>State:</b>	MO: Missouri
<b>Zip / Postal Code:</b>	65101	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	573-751-1117	<b>Fax Number:</b>	
<b>E-mail Address:</b>	mdnrgrants@dnr.mo.gov		

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

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Whitney	<b>Middle Name:</b>
	<b>Last Name:</b> Pickerell		<b>Suffix:</b>
<b>Title:</b>	Grants and Reporting Unit Chief		
<b>Complete Address:</b>			
<b>Street1:</b>	Missouri Department of Natural Resources		
<b>Street2:</b>	1101 Riverside Drive		
<b>City:</b>	Jefferson City	<b>State:</b>	MO: Missouri
<b>Zip / Postal Code:</b>	65101	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	573-751-0960	<b>Fax Number:</b>	
<b>E-mail Address:</b>	mdnrgrants@dnr.mo.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> Ms.	<b>First Name:</b> Janet	<b>Middle Name:</b>
	<b>Last Name:</b> Laughlin		<b>Suffix:</b>
<b>Title:</b>	Division of Admin Support, Director Acct Prgm		
<b>Complete Address:</b>			
<b>Street1:</b>	Missouri Department of Natural Resources		
<b>Street2:</b>	1101 Riverside Drive		
<b>City:</b>	Jefferson City	<b>State:</b>	MO: Missouri
<b>Zip / Postal Code:</b>	65101	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	573-526-5432	<b>Fax Number:</b>	
<b>E-mail Address:</b>	mdnrgrants@dnr.mo.gov		

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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:**