



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: Ms.	First Name: Colleen	Middle Name:
	Last Name: Anderson		Suffix:
Title:	Purchasing Manager		
Complete Address:			
Street1:	39 West Main Street		
Street2:	Room 200 - COB		
City:	Rochester	State:	NY: New York
Zip / Postal Code:	14614	Country:	USA: UNITED STATES
Phone Number:	585-753-1120	Fax Number:	
E-mail Address:	CAnderson@monroecounty.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Jennifer	Middle Name:
	Last Name: Cesario		Suffix:
Title:	Controller		
Complete Address:			
Street1:	39 West Main Street, Room 402		
Street2:			
City:	Rochester	State:	NY: New York
Zip / Postal Code:	14614	Country:	USA: UNITED STATES
Phone Number:	585-753-1217	Fax Number:	
E-mail Address:	jcesario@monroecounty.gov		

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

Name:	Prefix: Mr.	First Name: Brian	Middle Name:
	Last Name: Pack		Suffix:
Title:	Environmental Services Finance Administrator		
Complete Address:			
Street1:	50 W. Main St.		
Street2:	Suite 7100		
City:	Rochester	State:	NY: New York
Zip / Postal Code:	14614	Country:	USA: UNITED STATES
Phone Number:	585-753-7574	Fax Number:	
E-mail Address:	BrianPack@monroecounty.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: