



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="Deborah"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Paolinelli"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Assistant County Administrative Officer"/>					
Complete Address:						
Street1:	<input type="text" value="168 W. Alisal St"/>					
Street2:	<input type="text" value="Fl 1"/>					
City:	<input type="text" value="Salinas"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="93901"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="831-755-5115"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text" value="Mr."/>	First Name:	<input type="text" value="Jose"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Garcia"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Finance Manager II"/>					
Complete Address:						
Street1:	<input type="text" value="168 W. Alisal St. 3rd Fl"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Salinas"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="9901"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="831-755-5119"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="garciajl@co.monterey.ca.us"/>					

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" value="Ms."/>	First Name:	<input type="text" value="Cora"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Panturad"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Sustainability Program Manager"/>					
Complete Address:						
Street1:	<input type="text" value="168 W. Alisal St. 3rd Fl"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Salinas"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="93901"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="831-755-5338"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="panturadc@monterey.ca.us"/>					

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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: