



# 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>                                 | <input type="text"/>                 | <b>First Name:</b>                              | <input type="text" value="Casey"/> | <b>Middle Name:</b>  | <input type="text"/> |
|                           | <b>Last Name:</b>                              | <input type="text" value="Hopkins"/> |   |                                    | <b>Suffix:</b>       | <input type="text"/> |
| <b>Title:</b>             | <input type="text"/>                           |                                      |   |                                    |                      |                      |
| <b>Complete Address:</b>  |  |                                      |   |                                    |                      |                      |
| <b>Street1:</b>           | <input type="text" value="750 S. 5th Street"/> |                                      |   |                                    |                      |                      |
| <b>Street2:</b>           | <input type="text"/>                           |                                      |   |                                    |                      |                      |
| <b>City:</b>              | <input type="text" value="Nashville"/>         | <b>State:</b>                        | <input type="text" value="TN: Tennessee"/>      |                                    |                      |                      |
| <b>Zip / Postal Code:</b> | <input type="text" value="37206"/>             | <b>Country:</b>                      | <input type="text" value="USA: UNITED STATES"/> |                                    |                      |                      |
| <b>Phone Number:</b>      | <input type="text" value="615-880-1676"/>      |                                      |   | <b>Fax Number:</b>                 | <input type="text"/> |                      |
| <b>E-mail Address:</b>    | <input type="text"/>                           |                                      |   |                                    |                      |                      |

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

|                           |  |                                     |   |                                      |                      |                      |
|---------------------------|--|-------------------------------------|---|--------------------------------------|----------------------|----------------------|
| <b>Name:</b>              | <b>Prefix:</b>                                 | <input type="text"/>                | <b>First Name:</b>                              | <input type="text" value="Kristin"/> | <b>Middle Name:</b>  | <input type="text"/> |
|                           | <b>Last Name:</b>                              | <input type="text" value="Kumrow"/> |   |                                      | <b>Suffix:</b>       | <input type="text"/> |
| <b>Title:</b>             | <input type="text"/>                           |                                     |   |                                      |                      |                      |
| <b>Complete Address:</b>  |  |                                     |   |                                      |                      |                      |
| <b>Street1:</b>           | <input type="text" value="750 S. 5th Street"/> |                                     |   |                                      |                      |                      |
| <b>Street2:</b>           | <input type="text"/>                           |                                     |   |                                      |                      |                      |
| <b>City:</b>              | <input type="text" value="Nashville"/>         | <b>State:</b>                       | <input type="text" value="TN: Tennessee"/>      |                                      |                      |                      |
| <b>Zip / Postal Code:</b> | <input type="text" value="37206"/>             | <b>Country:</b>                     | <input type="text" value="USA: UNITED STATES"/> |                                      |                      |                      |
| <b>Phone Number:</b>      | <input type="text" value="615-862-8707"/>      |                                     |   | <b>Fax Number:</b>                   | <input type="text"/> |                      |
| <b>E-mail Address:</b>    | <input type="text"/>                           |                                     |   |                                      |                      |                      |

**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>                                 | <input type="text"/>                | <b>First Name:</b>                              | <input type="text" value="Kristin"/> | <b>Middle Name:</b>  | <input type="text"/> |
|                           | <b>Last Name:</b>                              | <input type="text" value="Kumrow"/> |   |                                      | <b>Suffix:</b>       | <input type="text"/> |
| <b>Title:</b>             | <input type="text"/>                           |                                     |   |                                      |                      |                      |
| <b>Complete Address:</b>  |  |                                     |   |                                      |                      |                      |
| <b>Street1:</b>           | <input type="text" value="750 S. 5th Street"/> |                                     |   |                                      |                      |                      |
| <b>Street2:</b>           | <input type="text"/>                           |                                     |   |                                      |                      |                      |
| <b>City:</b>              | <input type="text" value="Nashville"/>         | <b>State:</b>                       | <input type="text" value="TN: Tennessee"/>      |                                      |                      |                      |
| <b>Zip / Postal Code:</b> | <input type="text" value="37206"/>             | <b>Country:</b>                     | <input type="text" value="USA: UNITED STATES"/> |                                      |                      |                      |
| <b>Phone Number:</b>      | <input type="text" value="615-862-8707"/>      |                                     |   | <b>Fax Number:</b>                   | <input type="text"/> |                      |
| <b>E-mail Address:</b>    | <input type="text"/>                           |                                     |   |                                      |                      |                      |

# 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:**