



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:	First Name:	Middle Name:
		Jennifer	
	Last Name:		Suffix:
	Carr, PE, CPM, CEM		
Title:			
Complete Address:			
Street1:	901 South Stewart Street, Suite 4001		
Street2:			
City:	Carson City	State:	NV: Nevada
Zip / Postal Code:	89701-5249	Country:	USA: UNITED STATES
Phone Number:	775-687-9302	Fax Number:	
E-mail Address:	jcarr@ndep.nv.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Alicia	
	Last Name:		Suffix:
	Barchus		
Title:	Budget Analyst		
Complete Address:			
Street1:	901 South Stewart Street, Suite 4001		
Street2:			
City:	Carson City	State:	NV: Nevada
Zip / Postal Code:	89701-5249	Country:	USA: UNITED STATES
Phone Number:	775-687-9321	Fax Number:	
E-mail Address:	a.barchus@ndep.nv.gov		

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

Name:	Prefix:	First Name:	Middle Name:
		Mellisa (Misti)	
	Last Name:		Suffix:
	Gower		
Title:	Management Analyst		
Complete Address:			
Street1:	901 South Stewart Street, Suite 4001		
Street2:			
City:	Carson City	State:	NV: Nevada
Zip / Postal Code:	89701-5249	Country:	USA: UNITED STATES
Phone Number:	775-687-9494	Fax Number:	
E-mail Address:	mgower@ndep.nv.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: