



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: Mrs.	First Name: MJ	Middle Name:
	Last Name: Maynard	Suffix:	
Title:	Chief Executive Officer		
Complete Address:			
Street1:	600 S. Grand Central Parkway		
Street2:	Ste. 350		
City:	Las Vegas	State:	NV: Nevada
Zip / Postal Code:	89106-4512	Country:	USA: UNITED STATES
Phone Number:	702-676-1500	Fax Number:	702-676-1530
E-mail Address:	MaynardM@rtcscnv.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Marc	Middle Name:
	Last Name: Traasdahl	Suffix:	
Title:	Chief Financial Officer		
Complete Address:			
Street1:	600 S. Grand Central Parkway		
Street2:	Ste. 350		
City:	Las Vegas	State:	NV: Nevada
Zip / Postal Code:	89106-4512	Country:	USA: UNITED STATES
Phone Number:	702-676-1500	Fax Number:	702-676-1530
E-mail Address:	TraasdahlM@rtcscnv.com		

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

Name:	Prefix: Mrs.	First Name: Angela	Middle Name: M
	Last Name: Brookins	Suffix:	
Title:	Senior Financial Analyst		
Complete Address:			
Street1:	600 S. Grand Central Parkway		
Street2:	Ste. 350		
City:	Las Vegas	State:	NV: Nevada
Zip / Postal Code:	89106-4512	Country:	USA: UNITED STATES
Phone Number:	702-676-1901	Fax Number:	702-676-1530
E-mail Address:	BrookinsA@rtcscnv.com		

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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: