



# 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>	<b>First Name:</b>	<b>Middle Name:</b>
		MICHELE	S.W.
	<b>Last Name:</b>		<b>Suffix:</b>
	PAUL		
<b>Title:</b>	Director of Resilience & Env. Stewardship		
<b>Complete Address:</b>			
<b>Street1:</b>	133 William Street, New Bedford		
<b>Street2:</b>	Room 304		
<b>City:</b>	<b>State:</b>	MA: Massachusetts	
New Bedford			
<b>Zip / Postal Code:</b>	<b>Country:</b>	USA: UNITED STATES	
02740-0000			
<b>Phone Number:</b>	<b>Fax Number:</b>		
15089791487			
<b>E-mail Address:</b>	michele.paul@newbedford-ma.gov		

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

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		John	S.W.
	<b>Last Name:</b>		<b>Suffix:</b>
	Taxiarchos		
<b>Title:</b>	Interim Treasurer		
<b>Complete Address:</b>			
<b>Street1:</b>	133 WILLIAM STREET, NEW BEDFORD		
<b>Street2:</b>	ROOM 101-104		
<b>City:</b>	<b>State:</b>	MA: Massachusetts	
CITY OF NEW BEDFORD, MA			
<b>Zip / Postal Code:</b>	<b>Country:</b>	USA: UNITED STATES	
02740			
<b>Phone Number:</b>	<b>Fax Number:</b>		
15089791430			
<b>E-mail Address:</b>	John.Taxiarchos@newbedford-ma.gov		

**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>	<b>First Name:</b>	<b>Middle Name:</b>
		Emily	
	<b>Last Name:</b>		<b>Suffix:</b>
	Arpke		
<b>Title:</b>	City Auditor		
<b>Complete Address:</b>			
<b>Street1:</b>	133 William Street, New Bedford		
<b>Street2:</b>	Room 217		
<b>City:</b>	<b>State:</b>	MA: Massachusetts	
New Bedford			
<b>Zip / Postal Code:</b>	<b>Country:</b>	USA: UNITED STATES	
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15089791530			
<b>E-mail Address:</b>	emily.arpke@newbedford-ma.gov		

# 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:**