



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" value="Ms."/>	First Name: <input type="text" value="Aundrea"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Almond"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Chief of Staff"/>		
Complete Address:			
Street1:	<input type="text" value="87 Reads Way"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="New Castle"/>	State:	<input type="text" value="DE: Delaware"/>
Zip / Postal Code:	<input type="text" value="19720"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="3023955205"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="aundrea.almond@newcastlede.gov"/>		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: <input type="text"/>	First Name: <input type="text" value="Office of Finance"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Office of Finance"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Office of Finance"/>		
Complete Address:			
Street1:	<input type="text" value="87 Reads Way"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="New Castle"/>	State:	<input type="text" value="DE: Delaware"/>
Zip / Postal Code:	<input type="text" value="19720"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="3023955340"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="treasury@newcastlede.gov"/>		

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"/>	First Name: <input type="text" value="Aundrea"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Almond"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Chief of Staff"/>		
Complete Address:			
Street1:	<input type="text" value="87 Reads Way"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="New Castle"/>	State:	<input type="text" value="DE: Delaware"/>
Zip / Postal Code:	<input type="text" value="19720"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="3023955205"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="aundrea.almond@newcastlede.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: