



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: ADRIENNE	Middle Name:
	Last Name: KREIPKE		Suffix:
Title:	Assistant Commissioner, Mangement and Budget		
Complete Address:			
Street1:	P.O. BOX 420		
Street2:			
City:	TRENTON	State:	NJ: New Jersey
Zip / Postal Code:	08065-0420	Country:	USA: UNITED STATES
Phone Number:	6099404128	Fax Number:	
E-mail Address:	adrienne.kreipke@dep.nj.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Stephen	Middle Name:
	Last Name: Matis		Suffix:
Title:	Director		
Complete Address:			
Street1:	P.O. BOX 420		
Street2:			
City:	TRENTON	State:	NJ: New Jersey
Zip / Postal Code:	08625-0420	Country:	USA: UNITED STATES
Phone Number:	6099404127	Fax Number:	
E-mail Address:	stephen.matis@dep.nj.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: Stephen	Middle Name:
	Last Name: Matis		Suffix:
Title:	Director		
Complete Address:			
Street1:	P.O. BOX 420		
Street2:			
City:	Trenton	State:	NJ: New Jersey
Zip / Postal Code:	08625-0420	Country:	USA: UNITED STATES
Phone Number:	6099404127	Fax Number:	
E-mail Address:	stephen.matis@dep.nj.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: