



# 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>	Prefix:		First Name:	Deelip	Middle Name:	
	Last Name:	Mhaske		Suffix:		
<b>Title:</b>	Grants Administrator					
<b>Complete Address:</b>						
Street1:	200 Riverview Plazare					
Street2:						
City:	Trenton	State:	NJ: New Jersey			
Zip / Postal Code:	08625	Country:	USA: UNITED STATES			
Phone Number:	609-913-6628			Fax Number:		
E-mail Address:	deelip.mhaske@ag.nj.gov					

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

<b>Name:</b>	Prefix:		First Name:		Middle Name:	
	Last Name:			Suffix:		
<b>Title:</b>						
<b>Complete Address:</b>						
Street1:						
Street2:						
City:		State:				
Zip / Postal Code:		Country:				
Phone Number:				Fax Number:		
E-mail Address:						

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

<b>Name:</b>	Prefix:		First Name:		Middle Name:	
	Last Name:			Suffix:		
<b>Title:</b>						
<b>Complete Address:</b>						
Street1:						
Street2:						
City:		State:				
Zip / Postal Code:		Country:				
Phone Number:				Fax Number:		
E-mail Address:						

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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:**