



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: Mr.	First Name: John	Middle Name:
	Last Name: Gray	Suffix:	
Title:	Chief of Capital Compliance Budget & Administ		
Complete Address:			
Street1:	One Penn Plaza East		
Street2:			
City:	Newark	State:	NJ: New Jersey
Zip / Postal Code:	07105-1305	Country:	USA: UNITED STATES
Phone Number:	973-491-8553	Fax Number:	
E-mail Address:	jpgray@njtransit.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Maggie	Middle Name:
	Last Name: Wang	Suffix:	
Title:	Deputy Controller		
Complete Address:			
Street1:	1 Penn Plaza E.		
Street2:			
City:	Newark	State:	NJ: New Jersey
Zip / Postal Code:	07105	Country:	USA: UNITED STATES
Phone Number:	973-491-7614	Fax Number:	
E-mail Address:	cwang@njtransit.com		

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:	Middle Name:
	Last Name:	Suffix:	
Title:			
Complete Address:			
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: