



# 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> Mr.	<b>First Name:</b> James	<b>Middle Name:</b>
	<b>Last Name:</b> Kenney	<b>Suffix:</b>	
<b>Title:</b>	NMED Cabinet Secretary		
<b>Complete Address:</b>			
<b>Street1:</b>	P.O. Box 5469		
<b>Street2:</b>			
<b>City:</b>	Santa Fe	<b>State:</b>	NM: New Mexico
<b>Zip / Postal Code:</b>	87502-5469	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	505-827-2855	<b>Fax Number:</b>	
<b>E-mail Address:</b>	james.kenney@env.nm.gov		

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

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Miranda	<b>Middle Name:</b>
	<b>Last Name:</b> Ntoko	<b>Suffix:</b>	
<b>Title:</b>	Deputy ASD Director - Chief Financial Officer		
<b>Complete Address:</b>			
<b>Street1:</b>	New Mexico Environment Department		
<b>Street2:</b>	1190 S St Francis Drive, S-4107		
<b>City:</b>	Santa Fe	<b>State:</b>	NM: New Mexico
<b>Zip / Postal Code:</b>	87505	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	505-795-2170	<b>Fax Number:</b>	
<b>E-mail Address:</b>	miranda.ntoko@env.nm.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> Mr.	<b>First Name:</b> William	<b>Middle Name:</b>
	<b>Last Name:</b> Lane	<b>Suffix:</b>	
<b>Title:</b>	Grant Section Manager		
<b>Complete Address:</b>			
<b>Street1:</b>	New Mexico Environment Department		
<b>Street2:</b>	1190 S St Francis Drive, S-4101		
<b>City:</b>	Santa Fe	<b>State:</b>	NM: New Mexico
<b>Zip / Postal Code:</b>	87505	<b>Country:</b>	USA: UNITED STATES
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<b>E-mail Address:</b>	william.lane@env.nm.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:**