



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

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Miranda	Middle Name:
	Last Name: Ntoko	Suffix:	
Title:	Deputy ASD Director - Chief Financial Officer		
Complete Address:			
Street1:	New Mexico Environment Department		
Street2:	1190 S St Francis Drive, S-4107		
City:	Santa Fe	State:	NM: New Mexico
Zip / Postal Code:	87505	Country:	USA: UNITED STATES
Phone Number:	505-795-2170	Fax Number:	
E-mail Address:	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).*

Name:	Prefix: Mr.	First Name: William	Middle Name:
	Last Name: Lane	Suffix:	
Title:	Grant Section Manager		
Complete Address:			
Street1:	New Mexico Environment Department		
Street2:	1190 S St Francis Drive, S-4101		
City:	Santa Fe	State:	NM: New Mexico
Zip / Postal Code:	87505	Country:	USA: UNITED STATES
Phone Number:	505-795-2391	Fax Number:	
E-mail Address:	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: