



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:	<input type="text"/>	First Name:	<input type="text" value="Jeremy"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Lewis"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Deputy Director ECMD"/>					
Complete Address:						
Street1:	<input type="text" value="1220 S. St. Francis Drive"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Santa Fe"/>	State:	<input type="text" value="NM: New Mexico"/>			
Zip / Postal Code:	<input type="text" value="87505"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="505-476-3457"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="jeremy.lewis@emnrd.nm.gov"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Matthew"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Lovato"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Deputy ASD Director"/>					
Complete Address:						
Street1:	<input type="text" value="1220 South St Francis Dr"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Santa Fe"/>	State:	<input type="text" value="NM: New Mexico"/>			
Zip / Postal Code:	<input type="text" value="87505"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="(505) 476-3321"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="matthew.lovato@emnrd.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:	<input type="text"/>	First Name:	<input type="text" value="Rachel"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Finkelstein"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Climate Policy Bureau Chief"/>					
Complete Address:						
Street1:	<input type="text" value="1220 South St Francis Drive"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Santa Fe"/>	State:	<input type="text" value="NM: New Mexico"/>			
Zip / Postal Code:	<input type="text" value="87505"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="505-412-0766"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="rachel.finkelstein@emnrd.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: