



# 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> Mayor	<b>First Name:</b> LaToya	<b>Middle Name:</b>
	<b>Last Name:</b> Cantrell	<b>Suffix:</b>	
<b>Title:</b>	Mayor		
<b>Complete Address:</b>			
<b>Street1:</b>	1300 Perdido Street		
<b>Street2:</b>	Suite 8E08		
<b>City:</b>	New Orleans	<b>State:</b>	LA: Louisiana
<b>Zip / Postal Code:</b>	70112	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	504-658-4947	<b>Fax Number:</b>	
<b>E-mail Address:</b>	daniel.jatres@nola.gov		

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

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Courtney	<b>Middle Name:</b>
	<b>Last Name:</b> Wilson-Renthrope	<b>Suffix:</b>	
<b>Title:</b>	Treasurer		
<b>Complete Address:</b>			
<b>Street1:</b>	1300 Perdido Street		
<b>Street2:</b>	Suite 1W40		
<b>City:</b>	New Orleans	<b>State:</b>	LA: Louisiana
<b>Zip / Postal Code:</b>	70112	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	504-658-1738	<b>Fax Number:</b>	
<b>E-mail Address:</b>	cmwilson@nola.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> Daniel	<b>Middle Name:</b>
	<b>Last Name:</b> Jatres	<b>Suffix:</b>	
<b>Title:</b>	Infrastructure Projects Administrator		
<b>Complete Address:</b>			
<b>Street1:</b>	1300 Perdido Street		
<b>Street2:</b>	Suite 8E08		
<b>City:</b>	New Orleans	<b>State:</b>	LA: Louisiana
<b>Zip / Postal Code:</b>	70112	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	504-658-4947	<b>Fax Number:</b>	
<b>E-mail Address:</b>	daniel.jatres@nola.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:**