



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: Yogesh	Middle Name:
	Last Name: Sanghvi		Suffix:
Title:			
Complete Address:			
Street1:	55 Water Street		
Street2:			
City:	New York	State:	NY: New York
Zip / Postal Code:	10041	Country:	USA: UNITED STATES
Phone Number:	(212) 839-6955	Fax Number:	
E-mail Address:	ysanghvi@dot.nyc.gov		

Payee: *Individual authorized to accept payments.*

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:			

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: Yogesh	Middle Name:
	Last Name: Sanghvi		Suffix:
Title:	Associate Commissioner		
Complete Address:			
Street1:	55 Water Street		
Street2:			
City:	New York	State:	NY: New York
Zip / Postal Code:	10041-0001	Country:	USA: UNITED STATES
Phone Number:	(212) 839-6955	Fax Number:	
E-mail Address:	skraus@dot.nyc.gov		

EPA KEY CONTACTS FORM

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: