



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:	First Name:	Middle Name:
		John	K
	Last Name:		Suffix:
	Handeland		
Title:	Mayor		
Complete Address:			
Street1:	1226 Port Rd		
Street2:	Box 70		
City:	Nome	State:	AK: Alaska
Zip / Postal Code:	99762	Country:	USA: UNITED STATES
Phone Number:	9074436587	Fax Number:	
E-mail Address:	johnh@njus.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		John	K
	Last Name:		Suffix:
	Handeland		
Title:	General Manager		
Complete Address:			
Street1:	1226 Port Rd		
Street2:	Box 70		
City:	Nome	State:	AK: Alaska
Zip / Postal Code:	99762	Country:	USA: UNITED STATES
Phone Number:	9074436587	Fax Number:	
E-mail Address:	Johnh@njus.org		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix:	First Name:	Middle Name:
		Thomas	
	Last Name:		Suffix:
	Simonsson		
Title:	Field Operations Superintendent		
Complete Address:			
Street1:	1226 Port Rd		
Street2:	Box 70		
City:	Nome	State:	AK: Alaska
Zip / Postal Code:	99762	Country:	USA: UNITED STATES
Phone Number:	9073044211	Fax Number:	
E-mail Address:	thomas@njus.org		

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: