



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: Ms.	First Name: Elizabeth	Middle Name: S.
	Last Name: Biser		Suffix:
Title:	Secretary of Environmental Quality		
Complete Address:			
Street1:	NC Department of Environmental Quality		
Street2:	1601 Mail Service Center		
City:	Raleigh	State:	NC: North Carolina
Zip / Postal Code:	27699-1601	Country:	USA: UNITED STATES
Phone Number:	919-707-8622	Fax Number:	
E-mail Address:	elizabeth.biser@deq.nc.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Jon	Middle Name:
	Last Name: Griffin		Suffix:
Title:	Interim Chief Financial Officer		
Complete Address:			
Street1:	NC Department of Environmental Quality		
Street2:	1601 Mail Service Center		
City:	Raleigh	State:	NC: North Carolina
Zip / Postal Code:	27699-1601	Country:	USA: UNITED STATES
Phone Number:	919-707-8561	Fax Number:	
E-mail Address:	jon.griffin@deq.nc.gov		

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

Name:	Prefix: Ms.	First Name: Julie	Middle Name:
	Last Name: Woosley		Suffix:
Title:	State Energy Office Director		
Complete Address:			
Street1:	NC Department of Environmental Quality		
Street2:	1601 Mail Service Center		
City:	Raleigh	State:	NC: North Carolina
Zip / Postal Code:	27699-1601	Country:	USA: UNITED STATES
Phone Number:	919-707-8374	Fax Number:	
E-mail Address:	Julie.Woosley@deq.nc.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: