



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: Mrs.	First Name: Keegan	Middle Name:
	Last Name: Bailey		Suffix:
Title:	Housing Director		
Complete Address:			
Street1:	109 N. Mill St.		
Street2:	PO Box 565		
City:	Beloit	State:	KS: Kansas
Zip / Postal Code:	67420	Country:	USA: UNITED STATES
Phone Number:	785-738-2218	Fax Number:	785-738-2185
E-mail Address:	housing@ncrpc.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Pepper	Middle Name:
	Last Name: Roberg		Suffix:
Title:	Office Manager		
Complete Address:			
Street1:	109 N. Mill St.		
Street2:	PO Box 565		
City:	Beloit	State:	KS: Kansas
Zip / Postal Code:	67420	Country:	USA: UNITED STATES
Phone Number:	785-738-2218	Fax Number:	785-738-2185
E-mail Address:	officemanager@ncrpc.org		

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

Name:	Prefix: Mrs.	First Name: Keegan	Middle Name:
	Last Name: Bailey		Suffix:
Title:	Housing Director		
Complete Address:			
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City:	Beloit	State:	KS: Kansas
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E-mail Address:	housing@ncrpc.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: