



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: | <input type="text"/> | First Name: | <input type="text" value="Rhonda"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Kelsch"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Executive Director"/> | | | | | |
| Complete Address: | | | | | | |
| Street1: | <input type="text" value="3310 University Drive"/> | | | | | |
| Street2: | <input type="text"/> | | | | | |
| City: | <input type="text" value="Bismarck"/> | State: | <input type="text" value="ND: North Dakota"/> | | | |
| Zip / Postal Code: | <input type="text" value="58504"/> | Country: | <input type="text" value="USA: UNITED STATES"/> | | | |
| Phone Number: | <input type="text" value="701-223-8518"/> | | | Fax Number: | <input type="text"/> | |
| E-mail Address: | <input type="text" value="Rhonda@lincolnoakes.com"/> | | | | | |

Payee: *Individual authorized to accept payments.*

| | | | | | | |
|---------------------------|--|-------------------------------------|---|-------------------------------------|----------------------|----------------------|
| Name: | Prefix: | <input type="text"/> | First Name: | <input type="text" value="Rhonda"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Kelsch"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Executive Director"/> | | | | | |
| Complete Address: | | | | | | |
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| Street2: | <input type="text"/> | | | | | |
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| E-mail Address: | <input type="text" value="Rhonda@lincolnoakes.com"/> | | | | | |

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

| | | | | | | |
|---------------------------|--|-------------------------------------|---|-------------------------------------|----------------------|----------------------|
| Name: | Prefix: | <input type="text"/> | First Name: | <input type="text" value="Rhonda"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Kelsch"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Executive Director"/> | | | | | |
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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: