



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: Dean	Middle Name:
	Last Name: Goggles	Suffix:	
Title:	NANRO Direcotr		
Complete Address:			
Street1:	501 Ethete Road, Builidng B		
Street2:			
City:	Ethete	State:	WY: Wyoming
Zip / Postal Code:	82520	Country:	USA: UNITED STATES
Phone Number:	307-438-2163	Fax Number:	
E-mail Address:	dean.goggles@northernarapaho.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: Tessa	Middle Name:
	Last Name: Redman	Suffix:	
Title:	NAT CFO		
Complete Address:			
Street1:	PO Box 396		
Street2:			
City:	Ft. Washakie	State:	WY: Wyoming
Zip / Postal Code:	82514	Country:	USA: UNITED STATES
Phone Number:	307-335-3950	Fax Number:	
E-mail Address:	tessa.redman@northernarapaho.com		

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: Steve	Middle Name:
	Last Name: Babits	Suffix:	
Title:	NANRO Environmental Scientist		
Complete Address:			
Street1:	501 Ethete Road		
Street2:			
City:	Ethete	State:	WY: Wyoming
Zip / Postal Code:	82514	Country:	USA: UNITED STATES
Phone Number:	307-840-5667	Fax Number:	
E-mail Address:	steve.babits@northernarapaho.com		

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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: