



# 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.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Charlene	Waters
	<b>Last Name:</b>		<b>Suffix:</b>
	Alden		
<b>Title:</b>	Director		
<b>Complete Address:</b>			
<b>Street1:</b>	PO BOX 128		
<b>Street2:</b>			
<b>City:</b>	Lame Deer	<b>State:</b>	MT: Montana
<b>Zip / Postal Code:</b>	59043	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	4066903615	<b>Fax Number:</b>	406-477-8294
<b>E-mail Address:</b>	charlene.alden@cheyennenation.com		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Lorna	Cheyenne Tribe
	<b>Last Name:</b>		<b>Suffix:</b>
	Sioux		
<b>Title:</b>	Staff Accountant		
<b>Complete Address:</b>			
<b>Street1:</b>	PO BOX 128		
<b>Street2:</b>			
<b>City:</b>	Lame Deer	<b>State:</b>	MT: Montana
<b>Zip / Postal Code:</b>	59043	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	4064774815	<b>Fax Number:</b>	4064776944
<b>E-mail Address:</b>	lorna.sioux@cheyennenation.com		

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

<b>Name:</b>	<b>Prefix:</b>	<b>First Name:</b>	<b>Middle Name:</b>
		Charlene	Waters
	<b>Last Name:</b>		<b>Suffix:</b>
	Alden		
<b>Title:</b>	Water Quality Coordinator		
<b>Complete Address:</b>			
<b>Street1:</b>	PO BOX 128		
<b>Street2:</b>			
<b>City:</b>	Lame Deer, MT	<b>State:</b>	MT: Montana
<b>Zip / Postal Code:</b>	59043	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	4066903615	<b>Fax Number:</b>	406-477-8294
<b>E-mail Address:</b>	charlene.alden@cheyennenation.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:**