



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: Gary	Middle Name:
	Last Name: Nigro	Suffix:	
Title:	Manager of Wastewater Facilities		
Complete Address:			
Street1:	1 Public Works Drive		
Street2:	Building 95		
City:	Waterford	State:	MI: Michigan
Zip / Postal Code:	48328	Country:	USA: UNITED STATES
Phone Number:	248-858-5243	Fax Number:	248-858-1066
E-mail Address:	nigrog@oakgov.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: James	Middle Name: Holbrook
	Last Name: Nash	Suffix:	
Title:	Commissioner		
Complete Address:			
Street1:	1 Public Works Drive		
Street2:	Building 95		
City:	Waterford	State:	MI: Michigan
Zip / Postal Code:	48328	Country:	USA: UNITED STATES
Phone Number:	248-842-6185	Fax Number:	248-858-1066
E-mail Address:	nashj@oakgov.com		

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

Name:	Prefix: Mr.	First Name: Raphael	Middle Name:
	Last Name: Chirolla	Suffix:	
Title:	Supervisor WRC Financial Services		
Complete Address:			
Street1:	1 Public Works Drive		
Street2:			
City:	Waterford	State:	MI: Michigan
Zip / Postal Code:	48328	Country:	USA: UNITED STATES
Phone Number:	248-858-1440	Fax Number:	
E-mail Address:	Chirollar@oakgov.com		

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: