



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: William	Middle Name:
	Last Name: Murdock	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	111 Liberty St.		
Street2:	#100		
City:	Columbus	State:	OH: Ohio
Zip / Postal Code:	43215	Country:	USA: UNITED STATES
Phone Number:	614-233-4101	Fax Number:	
E-mail Address:	wmurdock@morpc.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: Danielle	Middle Name:
	Last Name: Spencer	Suffix:	
Title:	Accountant		
Complete Address:			
Street1:	111 Liberty St.		
Street2:	#100		
City:	Columbus	State:	HQ: Howland Island
Zip / Postal Code:	43215	Country:	USA: UNITED STATES
Phone Number:	614-233-4195	Fax Number:	
E-mail Address:	dspencer@morpc.org		

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: Alisa	Middle Name:
	Last Name: Obukhova	Suffix:	
Title:	Interim Finance Director		
Complete Address:			
Street1:	111 Liberty St.		
Street2:	#100		
City:	Columbus	State:	OH: Ohio
Zip / Postal Code:	43215	Country:	USA: UNITED STATES
Phone Number:	614-233-4139	Fax Number:	
E-mail Address:	aobukhova@morpc.org		

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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: