



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: Ms.	First Name: Grace	Middle Name:
	Last Name: Gallucci	Suffix:	
Title:	Executive Director and CEO		
Complete Address:			
Street1:	1299 Superior Ave. E		
Street2:			
City:	Cleveland	State:	OH: Ohio
Zip / Postal Code:	44114	Country:	USA: UNITED STATES
Phone Number:	216.241.2414 x 100		Fax Number:
E-mail Address:	ggallucci@mpo.noaca.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Grace	Middle Name:
	Last Name: Gallucci	Suffix:	
Title:	Executive Director and CEO		
Complete Address:			
Street1:	1299 Superior Ave. E		
Street2:			
City:	Cleveland	State:	OH: Ohio
Zip / Postal Code:	44114	Country:	USA: UNITED STATES
Phone Number:	216.241.2414x100		Fax Number:
E-mail Address:	ggallucci@mpo.noaca.org		

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

Name:	Prefix: Ms.	First Name: Deborah	Middle Name:
	Last Name: Wordell	Suffix:	
Title:	Director of Finance		
Complete Address:			
Street1:	1299 Superior Ave. E		
Street2:			
City:	Cleveland	State:	OH: Ohio
Zip / Postal Code:	44114	Country:	USA: UNITED STATES
Phone Number:	216.241.2414x110		Fax Number:
E-mail Address:	dwordell@mpo.noaca.org		

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: