



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: Luke	Middle Name:
	Last Name: Sulfridge	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	340 W State Street, Suite 134C		
Street2:			
City:	Athens	State:	OH: Ohio
Zip / Postal Code:	45701	Country:	USA: UNITED STATES
Phone Number:	7405977955	Fax Number:	
E-mail Address:	lsulfridge@sopec-oh.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Luke	Middle Name:
	Last Name: Sulfridge	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	340 W State Street, Suite 134C		
Street2:			
City:	Athens	State:	OH: Ohio
Zip / Postal Code:	45701	Country:	USA: UNITED STATES
Phone Number:	7405977955	Fax Number:	
E-mail Address:	lsulfridge@sopec-oh.gov		

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: Melissa	Middle Name:
	Last Name: Dalton	Suffix:	
Title:	Director of Administration		
Complete Address:			
Street1:	31 S. Main Street		
Street2:	Ste 385		
City:	Dayton	State:	OH: Ohio
Zip / Postal Code:	45402	Country:	USA: UNITED STATES
Phone Number:	7405977955	Fax Number:	
E-mail Address:	mdalton@sopec-oh.gov		

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: