



# 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>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Jean"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Stothert"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Mayor"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="1819 Farnam Street, Suite 300"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Omaha"/>	<b>State:</b>	<input type="text" value="NE: Nebraska"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="68183-0300"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="402-444-5000"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="mayorsgrants@cityofomaha.org"/>					

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

<b>Name:</b>	<b>Prefix:</b>	<input type="text" value="Ms."/>	<b>First Name:</b>	<input type="text" value="Donna"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Waller"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Treasurer"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="1819 Farnam ST STE 1007"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Omaha"/>	<b>State:</b>	<input type="text" value="NE: Nebraska"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="68183-0999"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="402-444-5472"/>			<b>Fax Number:</b>	<input type="text" value="402-444-5026"/>	
<b>E-mail Address:</b>	<input type="text" value="Donna.Waller@cityofomaha.org"/>					

**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>	<input type="text" value="Ms."/>	<b>First Name:</b>	<input type="text" value="Amber"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Parker"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Grant Manager"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="1819 Farnam Street, Suite 300"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Omaha"/>	<b>State:</b>	<input type="text" value="NE: Nebraska"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="68183-0300"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="4024445211"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="amber.parker@cityofomaha.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:**