



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: Byron	Middle Name: W.
	Last Name: Brooks	Suffix:	
Title:	County Administrator		
Complete Address:			
Street1:	201 South Rosalind Avenue		
Street2:			
City:	Orlando	State:	FL: Florida
Zip / Postal Code:	328013527	Country:	USA: UNITED STATES
Phone Number:	407-836-7390	Fax Number:	
E-mail Address:	ombgrantsinfo@ocfl.net		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Jamille	Middle Name:
	Last Name: Clemens	Suffix:	
Title:	Grant Supervisor		
Complete Address:			
Street1:	201 S Rosalind Avenue, 4th Floor		
Street2:	PO Box 38		
City:	Orlando	State:	FL: Florida
Zip / Postal Code:	32802	Country:	USA: UNITED STATES
Phone Number:	407-836-5708	Fax Number:	
E-mail Address:	jamille.clemens@occompt.com		

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: Carrie	Middle Name:
	Last Name: Black	Suffix:	
Title:	CSRO		
Complete Address:			
Street1:	201 South Rosalind Avenue		
Street2:			
City:	Orlando	State:	FL: Florida
Zip / Postal Code:	32801	Country:	USA: UNITED STATES
Phone Number:	407-836-7389	Fax Number:	
E-mail Address:	carrie.black@ocfl.net		

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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: