



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: Mark	Middle Name:
	Last Name: Macarro	Suffix:	
Title:	Chairman		
Complete Address:			
Street1:	PO Box 1477		
Street2:			
City:	Temecula	State:	CA: California
Zip / Postal Code:	92593-1477	Country:	USA: UNITED STATES
Phone Number:	951-770-6210	Fax Number:	
E-mail Address:	epreston@pechanga-nsn.gov		

Payee: *Individual authorized to accept payments.*

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:			

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

Name:	Prefix: Mr.	First Name: Ivan	Middle Name:
	Last Name: Gonzales	Suffix:	
Title:	Manager of Accounting		
Complete Address:			
Street1:	PO Box 1477		
Street2:			
City:	Temecula	State:	CA: California
Zip / Postal Code:	92593-1477	Country:	USA: UNITED STATES
Phone Number:	9517706112	Fax Number:	
E-mail Address:	igonzaless@pechanga-nsn.gov		

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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: