



# 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> Mrs.	<b>First Name:</b> Jennifer	<b>Middle Name:</b> Louise
	<b>Last Name:</b> Brandt		<b>Suffix:</b>
<b>Title:</b>	Se Fiscal Mgmt Spec for Fed Grants & Audits		
<b>Complete Address:</b>			
<b>Street1:</b>	400 Market Street		
<b>Street2:</b>	15th Floor, RCSOB		
<b>City:</b>	Harrisburg	<b>State:</b>	PA: Pennsylvania
<b>Zip / Postal Code:</b>	17101-2301	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	717-783-4539	<b>Fax Number:</b>	
<b>E-mail Address:</b>	jennbrandt@pa.gov		

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

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Stephanie	<b>Middle Name:</b>
	<b>Last Name:</b> Clark		<b>Suffix:</b>
<b>Title:</b>	Commonwealth Accounting Manager		
<b>Complete Address:</b>			
<b>Street1:</b>	555 Walnut Street, 9th Floor		
<b>Street2:</b>			
<b>City:</b>	Harrisburg	<b>State:</b>	PA: Pennsylvania
<b>Zip / Postal Code:</b>	17101	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	717-425-6625	<b>Fax Number:</b>	717-425-6647
<b>E-mail Address:</b>	stephaniec@pa.gov		

**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> Mrs.	<b>First Name:</b> Jennifer	<b>Middle Name:</b> Louise
	<b>Last Name:</b> Brandt		<b>Suffix:</b>
<b>Title:</b>	Se Fiscal Mgmt Spec for Fed Grants & Audits		
<b>Complete Address:</b>			
<b>Street1:</b>	400 Market Street		
<b>Street2:</b>	15th Floor, RCSOB		
<b>City:</b>	Harrisburg	<b>State:</b>	PA: Pennsylvania
<b>Zip / Postal Code:</b>	17101	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	717-783-4539	<b>Fax Number:</b>	717-783-7244
<b>E-mail Address:</b>	RA-EPFISCALGRANTS@pa.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:**