



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: Mrs.	First Name: Leslie	Middle Name: S.
	Last Name: Richards		Suffix:
Title:	General Manager/CEO		
Complete Address:			
Street1:	1234 Market Street		
Street2:			
City:	Philadelphia	State:	PA: Pennsylvania
Zip / Postal Code:	19107-3780	Country:	USA: UNITED STATES
Phone Number:	215-580-7070	Fax Number:	
E-mail Address:	LRichards@septa.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: Marian	Middle Name:
	Last Name: Savage		Suffix:
Title:	Supervisor, Billings Department		
Complete Address:			
Street1:	1234 Market Street		
Street2:			
City:	Philadelphia	State:	PA: Pennsylvania
Zip / Postal Code:	19107-3780	Country:	USA: UNITED STATES
Phone Number:	215-580-7381	Fax Number:	
E-mail Address:	Msavage@septa.org		

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: Kellie	Middle Name:
	Last Name: Bellina		Suffix:
Title:	Manager, Capital Grant Development		
Complete Address:			
Street1:	1234 Market Street		
Street2:			
City:	Philadelphia	State:	PA: Pennsylvania
Zip / Postal Code:	19107-3780	Country:	USA: UNITED STATES
Phone Number:	215-580-7374	Fax Number:	
E-mail Address:	kbellina@septa.org		

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: