



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:	First Name:	Middle Name:
		Allison	
	Last Name:		Suffix:
	van Pelt		
Title:	Sustainability Planner		
Complete Address:			
Street1:	5885 NE 14th Street		
Street2:			
City:	State:	IA: Iowa	
Des Moines			
Zip / Postal Code:	Country:	USA: UNITED STATES	
50313			
Phone Number:	Fax Number:		
5152863277			
E-mail Address:	allison.vanpelt@polkcountyiowa.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Jennifer	
	Last Name:		Suffix:
	Green		
Title:	Accountant		
Complete Address:			
Street1:	5885 NE 14th Street		
Street2:			
City:	State:	IA: Iowa	
Des Moines			
Zip / Postal Code:	Country:	USA: UNITED STATES	
50313			
Phone Number:	Fax Number:		
5153235304			
E-mail Address:	jennifer.green@polkcountyiowa.gov		

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:	Middle Name:
		Bret	
	Last Name:		Suffix:
	VandeLune		
Title:	Public Works Director		
Complete Address:			
Street1:	5885 NE 14th Street		
Street2:			
City:	State:	IA: Iowa	
Des Moines			
Zip / Postal Code:	Country:	USA: UNITED STATES	
50313			
Phone Number:	Fax Number:		
5152862290			
E-mail Address:	bret.vandelune@polkcountyiowa.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: