



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: Grant	Middle Name: A
	Last Name: Johnson	Suffix:	
Title:	Tribal Council President		
Complete Address:			
Street1:	5636 STURGEON LAKE RD		
Street2:			
City:	Welch	State:	MN: Minnesota
Zip / Postal Code:	55089	Country:	USA: UNITED STATES
Phone Number:	6513854116	Fax Number:	
E-mail Address:	dharjo@piic.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Tom	Middle Name:
	Last Name: Gnotke	Suffix:	
Title:	Finance Director		
Complete Address:			
Street1:	5636 STURGEON LAKE RD		
Street2:			
City:	WELCH	State:	MN: Minnesota
Zip / Postal Code:	55089	Country:	USA: UNITED STATES
Phone Number:	6513854111	Fax Number:	
E-mail Address:	dharjo@piic.org		

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: Danny	Middle Name: A
	Last Name: Harjo	Suffix:	
Title:	Grant Dept. Manager		
Complete Address:			
Street1:	5636 STURGEON LAKE RD		
Street2:			
City:	Welch	State:	MN: Minnesota
Zip / Postal Code:	55089	Country:	USA: UNITED STATES
Phone Number:	6513854117	Fax Number:	
E-mail Address:	dharjo@piic.org		

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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: