



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: Charles	Middle Name:
	Last Name: Lattuca	Suffix:	
Title:	President & CEO		
Complete Address:			
Street1:	4600 Emperor Blvd.		
Street2:	Suite100		
City:	Durham	State:	NC: North Carolina
Zip / Postal Code:	27703-8577	Country:	USA: UNITED STATES
Phone Number:	919-485-7424	Fax Number:	
E-mail Address:	clattuca@gotriangle.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Deirdre	Middle Name:
	Last Name: Walker	Suffix:	
Title:	Senior Manager, Administration		
Complete Address:			
Street1:	4600 Emperor Blvd.		
Street2:	Suite 100		
City:	Durham	State:	NC: North Carolina
Zip / Postal Code:	27703-8577	Country:	USA: UNITED STATES
Phone Number:	919-485-7481	Fax Number:	919-485-7491
E-mail Address:	dwlalker@gotriangle.org		

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

Name:	Prefix: Mrs.	First Name: Deirdre	Middle Name:
	Last Name: Walker	Suffix:	
Title:	Senior Manager, Administration		
Complete Address:			
Street1:	4600 Emperor Blvd.		
Street2:	Suite 100		
City:	Durham	State:	NC: North Carolina
Zip / Postal Code:	27703-8577	Country:	USA: UNITED STATES
Phone Number:	919-485-7481	Fax Number:	919-485-7491
E-mail Address:	dwalker@gotriangle.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: