



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: Ms.	First Name: Martha	Middle Name:
	Last Name: Shickle		Suffix:
Title:	Executive Director		
Complete Address:			
Street1:	424 Hull St.		
Street2:	Ste. 300		
City:	Richmond	State:	VA: Virginia
Zip / Postal Code:	23224-4114	Country:	USA: UNITED STATES
Phone Number:	8049247030	Fax Number:	
E-mail Address:	martha@planrva.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Diane	Middle Name:
	Last Name: Fusco		Suffix:
Title:	Manager of Finance and Administration		
Complete Address:			
Street1:	400 Hull St.		
Street2:	Ste. 300		
City:	Richmond	State:	VA: Virginia
Zip / Postal Code:	23224-4114	Country:	USA: UNITED STATES
Phone Number:	8049247046	Fax Number:	
E-mail Address:	dfusco@planrva.org		

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

Name:	Prefix: Ms.	First Name: Emily	Middle Name:
	Last Name: Williams		Suffix:
Title:	Grants Specialist		
Complete Address:			
Street1:	424 Hull St.		
Street2:	Ste. 300		
City:	Richmond	State:	VA: Virginia
Zip / Postal Code:	23224-4114	Country:	USA: UNITED STATES
Phone Number:	5405255012	Fax Number:	
E-mail Address:	ewilliams@planrva.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: