



# 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.*

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> Malik	<b>Middle Name:</b> D.
	<b>Last Name:</b> Evans		<b>Suffix:</b>
<b>Title:</b>	Mayor		
<b>Complete Address:</b>			
<b>Street1:</b>	30 Church Street		
<b>Street2:</b>	City Hall - Room 307A		
<b>City:</b>	Rochester	<b>State:</b>	NY: New York
<b>Zip / Postal Code:</b>	14614-1290	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	585-428-7045	<b>Fax Number:</b>	585-428-6059
<b>E-mail Address:</b>	Malik.Evans@CityofRochester.gov		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Kim	<b>Middle Name:</b> D.
	<b>Last Name:</b> Jones		<b>Suffix:</b>
<b>Title:</b>	Director of Finance		
<b>Complete Address:</b>			
<b>Street1:</b>	30 Church Street		
<b>Street2:</b>	City Hall - Room 109A		
<b>City:</b>	Rochester	<b>State:</b>	NY: New York
<b>Zip / Postal Code:</b>	14614-1290	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	585-428-7151	<b>Fax Number:</b>	585-428-7533
<b>E-mail Address:</b>	Kim.Jones@CityofRochester.gov		

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

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Michelle	<b>Middle Name:</b>
	<b>Last Name:</b> Costanzo		<b>Suffix:</b>
<b>Title:</b>	Senior Administrative Analyst		
<b>Complete Address:</b>			
<b>Street1:</b>	30 Church Street		
<b>Street2:</b>	City Hall - Room 300B		
<b>City:</b>	Rochester	<b>State:</b>	NY: New York
<b>Zip / Postal Code:</b>	14614-1278	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	585-428-6649	<b>Fax Number:</b>	585-428-6010
<b>E-mail Address:</b>	Michelle.Costanzo@CityofRochester.gov		

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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:**