



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: Russ	Middle Name:
	Last Name: Stark		Suffix:
Title:	Chief Resilience Officer		
Complete Address:			
Street1:	15 W. Kellogg Blvd, Suite 390		
Street2:			
City:	Saint Paul	State:	MN: Minnesota
Zip / Postal Code:	55102	Country:	USA: UNITED STATES
Phone Number:	651-266-8511	Fax Number:	
E-mail Address:	russ.stark@ci.stpaul.mn.us		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: John	Middle Name:
	Last Name: McCarthy		Suffix:
Title:	Finance Director		
Complete Address:			
Street1:	15 W. Kellogg Blvd, Suite 390		
Street2:			
City:	Saint Paul	State:	MN: Minnesota
Zip / Postal Code:	55102	Country:	USA: UNITED STATES
Phone Number:	651-266-8554	Fax Number:	
E-mail Address:	john.mccarthy@ci.stpaul.mn.us		

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: Russ	Middle Name:
	Last Name: Stark		Suffix:
Title:	Chief Resilience Officer		
Complete Address:			
Street1:	15 W. Kellogg Blvd, Suite 390		
Street2:			
City:	Saint Paul	State:	MN: Minnesota
Zip / Postal Code:	55102	Country:	USA: UNITED STATES
Phone Number:	651-266-8511	Fax Number:	
E-mail Address:	russ.stark@ci.stpaul.mn.us		

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: