



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:	<input type="text"/>	First Name:	<input type="text" value="Erin"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Mendenhall"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Mayor"/>					
Complete Address:						
Street1:	<input type="text" value="415 South State Street, Room 235"/>					
Street2:	<input type="text" value="P. O. Box 145451"/>					
City:	<input type="text" value="Salt Lake City"/>	State:	<input type="text" value="UT: Utah"/>			
Zip / Postal Code:	<input type="text" value="84114-5451"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="8015357771"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="erin.mendenhall@slcgov.com"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Steven"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Bagley"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Deputy Treasurer"/>					
Complete Address:						
Street1:	<input type="text" value="451 S State Street, Room 235"/>					
Street2:	<input type="text" value="P. O. Box 145451"/>					
City:	<input type="text" value="Salt Lake City"/>	State:	<input type="text" value="UT: Utah"/>			
Zip / Postal Code:	<input type="text" value="84114-5451"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="801.535.6441"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="Steven.Bagley@slcgov.com"/>					

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

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Sophia"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Nicholas"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Deputy Director, Sustainability"/>					
Complete Address:						
Street1:	<input type="text" value="415 South State Street, Room 235"/>					
Street2:	<input type="text" value="P. O. Box 145451"/>					
City:	<input type="text" value="Salt Lake City"/>	State:	<input type="text" value="UT: Utah"/>			
Zip / Postal Code:	<input type="text" value="84114-5451"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="+1-801-535-7755"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="sophia.nicholas@slcgov.com"/>					

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: