



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:	First Name:	Middle Name:
		Doug	Maria
	Last Name:		Suffix:
	Melnick		
Title:	Chief Sustainability Officer		
Complete Address:			
Street1:	100 W. Houston St.		
Street2:	7th Floor - Sustainability		
City:	San Antonio	State:	TX: Texas
Zip / Postal Code:	78205-1414	Country:	USA: UNITED STATES
Phone Number:	2105716757	Fax Number:	
E-mail Address:	douglas.melnick@sanantonio.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Ralph	Maria
	Last Name:		Suffix:
	Lozano		
Title:	Department Fiscal Administrator		
Complete Address:			
Street1:	100 W. Houston St.		
Street2:	7th Floor - Sustainability		
City:	San Antonio	State:	TX: Texas
Zip / Postal Code:	78205-1414	Country:	USA: UNITED STATES
Phone Number:	210-207-6421	Fax Number:	
E-mail Address:	rafael.lozano@sanantonio.gov		

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

Name:	Prefix:	First Name:	Middle Name:
		Doug	Maria
	Last Name:		Suffix:
	Melnick		
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Phone Number:	2102071721	Fax Number:	
E-mail Address:	douglas.melnick@sanantonio.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: