



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="Antoinette"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Meier"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Senior Director of Regional Planning"/>					
Complete Address:						
Street1:	<input type="text" value="401 B Street"/>					
Street2:	<input type="text" value="Suite 800"/>					
City:	<input type="text" value="San Diego"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="92101"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="(619)699-7381"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="antoinette.meier@sandag.org"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Andre"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Douzdjian"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Chief Financial Officer"/>					
Complete Address:						
Street1:	<input type="text" value="401 B Street"/>					
Street2:	<input type="text" value="Suite 800"/>					
City:	<input type="text" value="San Diego"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="92101"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="(619)699-6931"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="andre.douzdjian@sandag.org"/>					

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="Wylenia"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="McCambridge"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Senior Accountant"/>					
Complete Address:						
Street1:	<input type="text" value="401 B Street"/>					
Street2:	<input type="text" value="Suite 800"/>					
City:	<input type="text" value="San Diego"/>	State:	<input type="text" value="CA: California"/>			
Zip / Postal Code:	<input type="text" value="92101"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="(619)699-6914"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="wylenia.mccambridge@sandag.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: