



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" value="Ms."/> | First Name: <input type="text" value="Cayce"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Hill"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Food Systems Manager"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="70 West Hedding"/> | | |
| Street2: | <input type="text" value="11th Floor"/> | | |
| City: | <input type="text" value="San Jose"/> | State: | <input type="text" value="CA: California"/> |
| Zip / Postal Code: | <input type="text" value="95110-1705"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="14085295159"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="cayce.hill@ceo.sccgov.org"/> | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|---|---|---|
| Name: | Prefix: <input type="text" value="Mr."/> | First Name: <input type="text" value="Henry"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Louie"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Senior Accountant"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="70 West Hedding"/> | | |
| Street2: | <input type="text" value="11th Floor"/> | | |
| City: | <input type="text" value="San Jose"/> | State: | <input type="text" value="CA: California"/> |
| Zip / Postal Code: | <input type="text" value="95110-1705"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="4082995186"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="ceofiscal@ceo.sccgov.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" value="Ms."/> | First Name: <input type="text" value="Cayce"/> | Middle Name: <input type="text"/> |
| | Last Name: <input type="text" value="Hill"/> | Suffix: <input type="text"/> | |
| Title: | <input type="text" value="Food Systems Manager"/> | | |
| Complete Address: | | | |
| Street1: | <input type="text" value="70 West Hedding Street"/> | | |
| Street2: | <input type="text" value="11th Floor"/> | | |
| City: | <input type="text" value="San Jose"/> | State: | <input type="text" value="CA: California"/> |
| Zip / Postal Code: | <input type="text" value="95110-1705"/> | Country: | <input type="text" value="USA: UNITED STATES"/> |
| Phone Number: | <input type="text" value="14085295159"/> | Fax Number: | <input type="text"/> |
| E-mail Address: | <input type="text" value="cayce.hill@ceo.sccgov.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: