



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="Dr."/>	First Name: <input type="text" value="Ayeh"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Khajouei"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Transportation Planner"/>		
Complete Address:			
Street1:	<input type="text" value="3331 North First Street"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="San Jose"/>	State:	<input type="text" value="CA: California"/>
Zip / Postal Code:	<input type="text" value="95134-1927"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="(408)321-5628"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="ayeh.khajouei@vta.org"/>		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: <input type="text" value="Ms."/>	First Name: <input type="text" value="Grace"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Ragni"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Assistant Controller-Finance & Administration"/>		
Complete Address:			
Street1:	<input type="text" value="3331 North First Street"/>		
Street2:	<input type="text"/>		
City:	<input type="text" value="San Jose"/>	State:	<input type="text" value="CA: California"/>
Zip / Postal Code:	<input type="text" value="95134-1927"/>	Country:	<input type="text" value="USA: UNITED STATES"/>
Phone Number:	<input type="text" value="(408)321-7019"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="gracita.ragni@vta.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="Dr."/>	First Name: <input type="text" value="Ayeh"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text" value="Khajouei"/>	Suffix: <input type="text"/>	
Title:	<input type="text" value="Transportation Planner"/>		
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Phone Number:	<input type="text" value="(408)321-5628"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text" value="ayeh.khajouei@vta.org"/>		

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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: