



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="Erinn"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="McDonnell"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Grants Administrator"/>					
Complete Address:						
Street1:	<input type="text" value="PO Box 340"/>					
Street2:	<input type="text" value="300 Sea Cliff Avenue"/>					
City:	<input type="text" value="Sea Cliff"/>	State:	<input type="text" value="NY: New York"/>			
Zip / Postal Code:	<input type="text" value="11579"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="516-671-0080"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="emcdonnell@seacliff-ny.gov"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Judy"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Phelps"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Treasurer"/>					
Complete Address:						
Street1:	<input type="text" value="PO Box 340"/>					
Street2:	<input type="text" value="300 Sea Cliff Avenue"/>					
City:	<input type="text" value="Sea Cliff"/>	State:	<input type="text" value="NY: New York"/>			
Zip / Postal Code:	<input type="text" value="11579"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="516-671-0080"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="jphelps@seacliff-ny.gov"/>					

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="Erinn"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="McDonnell"/>			Suffix:	<input type="text"/>
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Zip / Postal Code:	<input type="text" value="11579"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="516-671-0080"/>			Fax Number:	<input type="text"/>	
E-mail Address:	<input type="text" value="emcdonnell@seacliff-ny.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: