



# 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.*

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Kim	<b>Middle Name:</b> E
	<b>Last Name:</b> Wheeler	<b>Suffix:</b>	
<b>Title:</b>	Executive Director		
<b>Complete Address:</b>			
<b>Street1:</b>	201 Furnace Road		
<b>Street2:</b>			
<b>City:</b>	Lewisburg	<b>State:</b>	PA: Pennsylvania
<b>Zip / Postal Code:</b>	17837	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	570-524-4491 ext 7231		<b>Fax Number:</b>
<b>E-mail Address:</b>	kwheeler@seda-cog.org		

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Jamie	<b>Middle Name:</b> of
	<b>Last Name:</b> Carnes	<b>Suffix:</b>	
<b>Title:</b>	Fiscal Controller		
<b>Complete Address:</b>			
<b>Street1:</b>	201 Furnace Road		
<b>Street2:</b>			
<b>City:</b>	Lewisburg	<b>State:</b>	PA: Pennsylvania
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<b>Phone Number:</b>	(570) 524-4491 ext. 7227		<b>Fax Number:</b>
<b>E-mail Address:</b>	jcarnes@seda-cog.org		

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

<b>Name:</b>	<b>Prefix:</b> Ms.	<b>First Name:</b> Betsy	<b>Middle Name:</b> Cabradilla
	<b>Last Name:</b> Kramer	<b>Suffix:</b>	
<b>Title:</b>	Revitalization Coordinator		
<b>Complete Address:</b>			
<b>Street1:</b>	201 Furnace Road		
<b>Street2:</b>			
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<b>Phone Number:</b>	(570) 524-4491 ext. 7203		<b>Fax Number:</b>
<b>E-mail Address:</b>	bkramer@seda-cog.org		

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**Project Manager:** *Individual responsible for the technical completion of the proposed work.*

**Name:** Prefix: Mr. First Name: Frankie Middle Name: Cabradilla

Last Name: Hockenbrocht Suffix: III

**Title:** Community Capacity Coordinator

**Complete Address:**

**Street1:** 201 Furnace Road

**Street2:**

**City:** Lewisburg **State:** PA: Pennsylvania

**Zip / Postal Code:** 17837 **Country:** USA: UNITED STATES

**Phone Number:** 15705227289 **Fax Number:**

**E-mail Address:** fhockenbrocht@seda-cog.org