



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:		First Name:	Tyler	Middle Name:	
	Last Name:	Kamarata	Suffix:			
Title:	Grants Analyst					
Complete Address:						
Street1:	102 Roadrunner Dr.					
Street2:	Bldg #108					
City:	Sedona	State:	AZ: Arizona			
Zip / Postal Code:	86336	Country:	USA: UNITED STATES			
Phone Number:	9282035128			Fax Number:		
E-mail Address:	tkamarata@sedonaaz.gov					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:		First Name:	Renee	Middle Name:	
	Last Name:	Stanley	Suffix:			
Title:	Accounting Supervisor					
Complete Address:						
Street1:	102 Roadrunner Dr.					
Street2:	Bldg #106					
City:	Sedona	State:	AZ: Arizona			
Zip / Postal Code:	86336	Country:	USA: UNITED STATES			
Phone Number:	9282035022			Fax Number:		
E-mail Address:	rstanley@sedonaaz.gov					

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

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:						

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: