



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: Mr.	First Name: GEOEGE	Middle Name:
	Last Name: WOODRING	Suffix:	
Title:	FINANCIAL GRANT ADMINISTRATOR		
Complete Address:			
Street1:	1101 EAST FIRST STREET		
Street2:			
City:	SANFORD	State:	FL: Florida
Zip / Postal Code:	32771-1468	Country:	USA: UNITED STATES
Phone Number:	407-665-7168	Fax Number:	
E-mail Address:	gwoodring@seminolecountyfl.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: LORIE	Middle Name:
	Last Name: BAILEY BROWN	Suffix:	
Title:	CFO/RESOURCE MANAGEMENT DIRECTOR		
Complete Address:			
Street1:	1101 EAST FIRST STREET		
Street2:			
City:	SANFORD	State:	FL: Florida
Zip / Postal Code:	32771-1468	Country:	USA: UNITED STATES
Phone Number:	407-665-1772	Fax Number:	
E-mail Address:	lbaileybrown@seminolecountyflgov		

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: GEORGE	Middle Name:
	Last Name: WOODRING	Suffix:	
Title:	FINANCIAL GRANT ADMINISTRATOR		
Complete Address:			
Street1:	1101 EAST FIRST STREET		
Street2:			
City:	SANFORD	State:	FL: Florida
Zip / Postal Code:	32724	Country:	USA: UNITED STATES
Phone Number:	407-665-7168	Fax Number:	
E-mail Address:	gwoodring@seminolecountyfl.gov		

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: