



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: Lee	Middle Name:
	Last Name: Harris	Suffix:	
Title:	Shelby County Mayor		
Complete Address:			
Street1:	160 N. Main Street		
Street2:	Suite 1100		
City:	Memphis	State:	TN: Tennessee
Zip / Postal Code:	38103-1866	Country:	USA: UNITED STATES
Phone Number:	901-222-2000	Fax Number:	
E-mail Address:	officeofthemayor@shelbycountyttn.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Audrey	Middle Name:
	Last Name: Tipton	Suffix:	
Title:	Director of Administration and Finance		
Complete Address:			
Street1:	160 N. Main Street		
Street2:	Suite 800		
City:	Memphis	State:	TN: Tennessee
Zip / Postal Code:	38103	Country:	USA: UNITED STATES
Phone Number:	901-22-2200	Fax Number:	
E-mail Address:	Audrey.Tipton@shelbycountyttn.gov		

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

Name:	Prefix: Ms.	First Name: Leigh	Middle Name:
	Last Name: Huffman	Suffix:	
Title:	Manager A		
Complete Address:			
Street1:	125 N. Main Street		
Street2:	Suite 468		
City:	Memphis	State:	TN: Tennessee
Zip / Postal Code:	38103-2026	Country:	USA: UNITED STATES
Phone Number:	901-636-6699	Fax Number:	
E-mail Address:	leigh.huffman@memphistn.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: