



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:	Middle Name:
		Wayne	
	Last Name:		Suffix:
	Nastri		
Title:	Executive Officer		
Complete Address:			
Street1:	21865 Copley Dr.		
Street2:			
City:	Diamond Bar	State:	CA: California
Zip / Postal Code:	91765	Country:	USA: UNITED STATES
Phone Number:	(909)396-3131	Fax Number:	
E-mail Address:	wnastri@aqmd.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Sujata	
	Last Name:		Suffix:
	Jain		
Title:	Chief Financial Officer		
Complete Address:			
Street1:	21865 Copley Dr.		
Street2:	Chief Financial Officer		
City:	Diamond Bar	State:	CA: California
Zip / Postal Code:	91765	Country:	USA: UNITED STATES
Phone Number:	(909)396-2804	Fax Number:	
E-mail Address:	sjain@aqmd.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:
		Mary	
	Last Name:		Suffix:
	Leonard		
Title:	Financial Analyst		
Complete Address:			
Street1:	21865 Copley Dr.		
Street2:			
City:	Diamond Bar	State:	CA: California
Zip / Postal Code:	91765	Country:	USA: UNITED STATES
Phone Number:	(909)396-2780	Fax Number:	
E-mail Address:	mleonard@aqmd.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: