



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: Peter	Middle Name:
	Last Name: Montz	Suffix:	
Title:	Chief Administrative Officer		
Complete Address:			
Street1:	1811 West Airline Highway		
Street2:			
City:	Laplace	State:	LA: Louisiana
Zip / Postal Code:	70068	Country:	USA: UNITED STATES
Phone Number:	985-359-1037	Fax Number:	
E-mail Address:	p.montz@stjohn-la.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Robert	Middle Name:
	Last Name: Figuero	Suffix: Jr.	
Title:	Chief Financial Officer		
Complete Address:			
Street1:	1811 West Airline Highway		
Street2:			
City:	Laplace	State:	LA: Louisiana
Zip / Postal Code:	70068	Country:	USA: UNITED STATES
Phone Number:	985-652-9569	Fax Number:	
E-mail Address:	r.figuero@stjohn-la.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: Myra	Middle Name:
	Last Name: Alexis-Valentine	Suffix:	
Title:	Grants Administrator		
Complete Address:			
Street1:	1811 West Airline Highway		
Street2:			
City:	Laplace	State:	LA: Louisiana
Zip / Postal Code:	70068	Country:	USA: UNITED STATES
Phone Number:	985-652-9569	Fax Number:	
E-mail Address:	m.alexisv@stjohn-la.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: