



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:
	CORNWALL		
Title:	STEVENS COUNTY PUBLIC WORKS DIRECTOR		
Complete Address:			
Street1:	1257 LANDFILL RD		
Street2:			
City:	KETTLE FALLS	State:	WA: Washington
Zip / Postal Code:	99141	Country:	USA: UNITED STATES
Phone Number:	5096844548	Fax Number:	
E-mail Address:	WCORNWALL@STEVENS COUNTYWA.GOV		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		TERESA	
	Last Name:		Suffix:
	ESLICK		
Title:	STEVENS COUNTY FINANCIAL SUPERVISOR		
Complete Address:			
Street1:	185 E HAWTHORNE AVE		
Street2:			
City:	COLVILLE	State:	WA: Washington
Zip / Postal Code:	99114	Country:	USA: UNITED STATES
Phone Number:	5096844548	Fax Number:	
E-mail Address:	TESLICK@STEVENS COUNTYWA.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:
		OLIVIA	
	Last Name:		Suffix:
	YOUNG		
Title:	STEVENS CO. SOLID WASTE PROGRAMS COORDINATOR		
Complete Address:			
Street1:	1257 LANDFILL RD		
Street2:			
City:	KETTLE FALLS	State:	WA: Washington
Zip / Postal Code:	99141	Country:	USA: UNITED STATES
Phone Number:	5097386106	Fax Number:	
E-mail Address:	oyoung@stevenscountywa.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: