



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: Wren	Middle Name:
	Last Name: Krah1	Suffix:	
Title:	CP-PHR Executive Director		
Complete Address:			
Street1:	4000 Gateway Centre Blvd		
Street2:	Suite 100		
City:	Pinellas Park	State:	FL: Florida
Zip / Postal Code:	33782-0000	Country:	USA: UNITED STATES
Phone Number:	727-570-5151 Ext. 22	Fax Number:	
E-mail Address:	wren@tbrpc.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: Sarah	Middle Name:
	Last Name: Vitale	Suffix:	
Title:	AICP Planning Director		
Complete Address:			
Street1:	4000 Gateway Centre Blvd		
Street2:	Suite 100		
City:	Pinellas Park	State:	FL: Florida
Zip / Postal Code:	33782-0000	Country:	USA: UNITED STATES
Phone Number:	727-570-5151 Ext 27	Fax Number:	
E-mail Address:	sarah@tbrpc.org		

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: Cara	Middle Name: Woods
	Last Name: Serra	Suffix:	
Title:	CFM Director of Resiliency		
Complete Address:			
Street1:	4000 Gateway Centre Blvd		
Street2:	Suite 100		
City:	Pinellas Park	State:	FL: Florida
Zip / Postal Code:	33782-0000	Country:	USA: UNITED STATES
Phone Number:	727-570-5151 Ext. 28	Fax Number:	
E-mail Address:	cara@tbrpc.org		

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: