



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:	<input type="text"/>	First Name:	<input type="text" value="Steven"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Schar"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Deputy Executive Director"/>					
Complete Address:						
Street1:	<input type="text" value="12100 Park 35 Circle, Bldg. A (MC-123)"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Austin"/>	State:	<input type="text" value="TX: Texas"/>			
Zip / Postal Code:	<input type="text" value="78753-1808"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="512-239-3900"/>	Fax Number:	<input type="text" value="512-239-0596"/>			
E-mail Address:	<input type="text" value="Fgrants@tceq.texas.gov"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Scott"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Infinger"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Revenue Operations Manager"/>					
Complete Address:						
Street1:	<input type="text" value="12100 Park 35 Circle, Bldg. A (MC-181)"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Austin"/>	State:	<input type="text" value="TX: Texas"/>			
Zip / Postal Code:	<input type="text" value="78753-1808"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="512-239-6260"/>	Fax Number:	<input type="text" value="512-239-0596"/>			
E-mail Address:	<input type="text" value="Scott.Infinger@tceq.texas.gov"/>					

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

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Robin"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Paré-Tomai (SEND AWARDS AND AMENDMENTS HERE)"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Federal Grants Analyst"/>					
Complete Address:						
Street1:	<input type="text" value="12100 Park 35 Circle, Bldg. A (MC-181)"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Austin"/>	State:	<input type="text" value="TX: Texas"/>			
Zip / Postal Code:	<input type="text" value="78753-1808"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="5122397899"/>	Fax Number:	<input type="text" value="5122390596"/>			
E-mail Address:	<input type="text" value="Fgrants@tceq.texas.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: