



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: Dr.	First Name: Thomas	Middle Name:
	Last Name: Spencer	Suffix:	
Title:	AVP for Research Operations		
Complete Address:			
Street1:	1201 W. University Drive		
Street2:	ESSBL 5th Floor		
City:	Edinburg	State:	TX: Texas
Zip / Postal Code:	78539-2909	Country:	USA: UNITED STATES
Phone Number:	956-665-3883	Fax Number:	
E-mail Address:	sponpro@utrgv.edu		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Suelema	Middle Name:
	Last Name: Gonzalez	Suffix:	
Title:			
Complete Address:			
Street1:	1201 W. University Dr.		
Street2:			
City:	Edinburg	State:	TX: Texas
Zip / Postal Code:	78539-2909	Country:	USA: UNITED STATES
Phone Number:	956-882-7716	Fax Number:	
E-mail Address:	suelema.gonzalez@utrgv.edu		

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: Tribbie	Middle Name:
	Last Name: Grimm	Suffix:	
Title:	Director of Sponsored Programs		
Complete Address:			
Street1:	1201 W. University Drive		
Street2:			
City:	Edinburg	State:	TX: Texas
Zip / Postal Code:	78539-2909	Country:	USA: UNITED STATES
Phone Number:	9566655008	Fax Number:	
E-mail Address:	sponpro@utrgv.edu		

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: