



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: Jamie	Middle Name: S
	Last Name: Azure		Suffix:
Title:	Tribal Chairman		
Complete Address:			
Street1:	PO Box 900		
Street2:			
City:	Belcourt	State:	ND: North Dakota
Zip / Postal Code:	58316-0900	Country:	USA: UNITED STATES
Phone Number:	17014772673	Fax Number:	
E-mail Address:	jamie.azure@tmbci.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Jesse	Middle Name: S
	Last Name: Trottier		Suffix:
Title:	CFO - Acting		
Complete Address:			
Street1:	PO Box 900		
Street2:	4180 Highway 281		
City:	Belcourt	State:	ND: North Dakota
Zip / Postal Code:	58316-0900	Country:	USA: UNITED STATES
Phone Number:	17014772698	Fax Number:	
E-mail Address:	jesse.trottier@tmbci.org		

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: Anita	Middle Name: S.
	Last Name: Blue		Suffix:
Title:	Exec Director - Tribal Planning and Econ. Dev		
Complete Address:			
Street1:	PO Box 900		
Street2:			
City:	Belcourt	State:	ND: North Dakota
Zip / Postal Code:	58316-0900	Country:	USA: UNITED STATES
Phone Number:	7015501664	Fax Number:	
E-mail Address:	ablue62@aol.com		

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: