



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: Mrs.	First Name: Dotty	Middle Name:
	Last Name: LaJoye		Suffix:
Title:	Executive Director		
Complete Address:			
Street1:	2950 College Avenue		
Street2:			
City:	Escanaba	State:	MI: Michigan
Zip / Postal Code:	49829	Country:	USA: UNITED STATES
Phone Number:	9063613084	Fax Number:	
E-mail Address:	dlajoye@cuppad.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Dotty	Middle Name:
	Last Name: LaJoye		Suffix:
Title:	Executive Director		
Complete Address:			
Street1:	2950 College Avenue		
Street2:			
City:	Escanaba	State:	MI: Michigan
Zip / Postal Code:	49829	Country:	USA: UNITED STATES
Phone Number:	9063613084	Fax Number:	
E-mail Address:	dlajoye@cuppad.org		

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

Name:	Prefix: Mrs.	First Name: Michelle	Middle Name:
	Last Name: Viau		Suffix:
Title:	Chief Financial Officer		
Complete Address:			
Street1:	2950 College Avenue		
Street2:			
City:	Escanaba	State:	MI: Michigan
Zip / Postal Code:	49829	Country:	USA: UNITED STATES
Phone Number:	9067890558 Ext. 1322	Fax Number:	
E-mail Address:	mviau@upmichiganworks.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: