



# 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.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Ty"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Howard"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Environmental Quality Deputy Director"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="195 N. 1950 W."/>					
<b>Street2:</b>	<input type="text" value="P.O. Box 144810"/>					
<b>City:</b>	<input type="text" value="Salt Lake City"/>	<b>State:</b>	<input type="text" value="UT: Utah"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="84116"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="801-536-4403"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="tyhoward@utah.gov"/>					

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Valerie"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Bunk-Warr"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Financial Manager II"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="195 N. 1950 W."/>					
<b>Street2:</b>	<input type="text" value="P.O. Box 144810"/>					
<b>City:</b>	<input type="text" value="Salt Lake City"/>	<b>State:</b>	<input type="text" value="UT: Utah"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="84116"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="801-536-4447"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="deqfederalgrants@utah.gov"/>					

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

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Craig"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Silotti"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Finance Director"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="195 N. 1950 W."/>					
<b>Street2:</b>	<input type="text" value="P.O. Box 144810"/>					
<b>City:</b>	<input type="text" value="Salt Lake City"/>	<b>State:</b>	<input type="text" value="UT: Utah"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="84116"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="801-536-4460"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="csilotti@utah.gov"/>					

# 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:**