



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: Cliff	Middle Name:
	Last Name: Goldsborough	Suffix:	
Title:	Director of Finance		
Complete Address:			
Street1:	1111 East Main Street, Suite 1400		
Street2:			
City:	Richmond	State:	VA: Virginia
Zip / Postal Code:	23219-3531	Country:	USA: UNITED STATES
Phone Number:	804-998-0810	Fax Number:	
E-mail Address:	Cliff.Goldsborough@deq.virginia.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Nancy	Middle Name: Rose
	Last Name: Perry	Suffix:	
Title:	Fiscal Director		
Complete Address:			
Street1:	1111 East Main Street, Suite 1400		
Street2:			
City:	Richmond	State:	VA: Virginia
Zip / Postal Code:	23219-3531	Country:	USA: UNITED STATES
Phone Number:	804-659-1545	Fax Number:	
E-mail Address:	nancy.perry@deq.virginia.gov		

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: Kristen	Middle Name:
	Last Name: Porter	Suffix:	
Title:	Grants Administrative Specialist		
Complete Address:			
Street1:	1111 East Main Street, Suite 1400		
Street2:			
City:	Richmond	State:	VA: Virginia
Zip / Postal Code:	23219-3531	Country:	USA: UNITED STATES
Phone Number:	804-659-1540	Fax Number:	
E-mail Address:	kristen.porter@deq.virginia.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: