



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:	First Name:	Middle Name:
		Chartles	Alan
	Last Name:		Suffix:
	Dowdell		
Title:	Chief Sustainability officer		
Complete Address:			
Street1:	400 Austin Avenue		
Street2:	11th Floor, Roosevelt Tower - City of Waco		
City:	State:	TX: Texas	
Waco			
Zip / Postal Code:	Country:	USA: UNITED STATES	
76702			
Phone Number:	Fax Number:		
254-750-1601			
E-mail Address:	charlesd@wacotx.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Rust	
	Last Name:		Suffix:
	Hill		
Title:	Assistant Director of Finance		
Complete Address:			
Street1:	300 Austin Avenue		
Street2:	Finance - 4th Floor		
City:	State:	TX: Texas	
Waco			
Zip / Postal Code:	Country:	USA: UNITED STATES	
76702-2570			
Phone Number:	Fax Number:		
254-750-5767			
E-mail Address:	rustyh@wacotx.gov		

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

Name:	Prefix:	First Name:	Middle Name:
		Vicki	
	Last Name:		Suffix:
	Halfmann		
Title:	Grants Coordinator		
Complete Address:			
Street1:	300 Austin Avenue		
Street2:	PO Box 2570		
City:	State:	TX: Texas	
Waco			
Zip / Postal Code:	Country:	USA: UNITED STATES	
76702-2570			
Phone Number:	Fax Number:		
254-750-5770			
E-mail Address:	vhalfmann@wacotx.gov		

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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: