



# 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> Mr.	<b>First Name:</b> Munetsi	<b>Middle Name:</b> Timothy
	<b>Last Name:</b> Musara		<b>Suffix:</b>
<b>Title:</b>	Chief Financial Officer		
<b>Complete Address:</b>			
<b>Street1:</b>	14501 Sweitzer Lane		
<b>Street2:</b>			
<b>City:</b>	Laurel	<b>State:</b>	MD: Maryland
<b>Zip / Postal Code:</b>	20707	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	3012068565	<b>Fax Number:</b>	
<b>E-mail Address:</b>	munetsi.musara@wsscwater.com		

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

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> Wayne	<b>Middle Name:</b>
	<b>Last Name:</b> Cook		<b>Suffix:</b>
<b>Title:</b>	Revenue Division Manager		
<b>Complete Address:</b>			
<b>Street1:</b>	14501 Sweitzer Lane		
<b>Street2:</b>			
<b>City:</b>	Laurel	<b>State:</b>	MD: Maryland
<b>Zip / Postal Code:</b>	20707	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	3012067974	<b>Fax Number:</b>	
<b>E-mail Address:</b>	wayne.cook@wsscwater.com		

**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>	<b>First Name:</b> Rachael	<b>Middle Name:</b>
	<b>Last Name:</b> Kelly		<b>Suffix:</b>
<b>Title:</b>	Grants Management Support Specialist		
<b>Complete Address:</b>			
<b>Street1:</b>	14501 Sweitzer Lane		
<b>Street2:</b>			
<b>City:</b>	Laurel	<b>State:</b>	MD: Maryland
<b>Zip / Postal Code:</b>	20707	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	3012068819	<b>Fax Number:</b>	
<b>E-mail Address:</b>	rachael.kelly@wsscwater.com		

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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:**