



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: Frederick	Middle Name: J.
	Last Name: Presley		Suffix:
Title:	Town Manager		
Complete Address:			
Street1:	505 Silas Deane Highway		
Street2:			
City:	Wethersfield	State:	CT: Connecticut
Zip / Postal Code:	06109	Country:	USA: UNITED STATES
Phone Number:	860-721-2805	Fax Number:	(860) 721-2201
E-mail Address:	fred.presley@wethersfieldct.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Frederick	Middle Name: J.
	Last Name: Presley		Suffix:
Title:	Town Manager		
Complete Address:			
Street1:	505 Silas Deane Highway		
Street2:			
City:	Wethersfield	State:	CT: Connecticut
Zip / Postal Code:	06109	Country:	USA: UNITED STATES
Phone Number:	860-721-2805	Fax Number:	(860) 721-2201
E-mail Address:	fred.presley@wethersfieldct.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: Vlada	Middle Name:
	Last Name: Shelkova		Suffix:
Title:	Capital Improvements Project Administrator		
Complete Address:			
Street1:	505 Silas Deane Highway		
Street2:			
City:	Wethersfield	State:	CT: Connecticut
Zip / Postal Code:	06109	Country:	USA: UNITED STATES
Phone Number:	860-721-2836	Fax Number:	(860) 721-2201
E-mail Address:	vlada.shelkova@wethersfieldct.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: