



# 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> Robert	<b>Middle Name:</b>
	<b>Last Name:</b> Herron	<b>Suffix:</b>	
<b>Title:</b>	City Manager		
<b>Complete Address:</b>			
<b>Street1:</b>	1500 Chapline Street		
<b>Street2:</b>			
<b>City:</b>	Wheeling	<b>State:</b>	WV: West Virginia
<b>Zip / Postal Code:</b>	26003	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	304-234-3617	<b>Fax Number:</b>	
<b>E-mail Address:</b>	rherron@wheelingwv.gov		

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

<b>Name:</b>	<b>Prefix:</b> Mr.	<b>First Name:</b> John	<b>Middle Name:</b>
	<b>Last Name:</b> Carlier	<b>Suffix:</b>	
<b>Title:</b>	Assistance Finance Director		
<b>Complete Address:</b>			
<b>Street1:</b>	1500 Chapline Street		
<b>Street2:</b>			
<b>City:</b>	Wheeling	<b>State:</b>	WV: West Virginia
<b>Zip / Postal Code:</b>	26003	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	304-234-3810	<b>Fax Number:</b>	
<b>E-mail Address:</b>	jcarlier@wheelingwv.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> Ms.	<b>First Name:</b> Nancy	<b>Middle Name:</b>
	<b>Last Name:</b> Prager	<b>Suffix:</b>	
<b>Title:</b>	Director of Community Development		
<b>Complete Address:</b>			
<b>Street1:</b>	1500 Chapline Street		
<b>Street2:</b>			
<b>City:</b>	Wheeling	<b>State:</b>	WV: West Virginia
<b>Zip / Postal Code:</b>	26003	<b>Country:</b>	USA: UNITED STATES
<b>Phone Number:</b>	304-234-3701	<b>Fax Number:</b>	
<b>E-mail Address:</b>	nprager@wheelingwv.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:**