



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:	<input type="text"/>	First Name:	<input type="text" value="Clara"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Harris"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Fiscal Officer"/>					
Complete Address:						
Street1:	<input type="text" value="3405 Mountain Empire Road"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Big Stone Gap"/>	State:	<input type="text" value="VA: Virginia"/>			
Zip / Postal Code:	<input type="text" value="24219"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="2765238100"/>	Fax Number:	<input type="text"/>			
E-mail Address:	<input type="text"/>					

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Brittany"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Criswell"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Financial Services Manager"/>					
Complete Address:						
Street1:	<input type="text" value="3405 Mountain Empire Road"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Big Stone Gap"/>	State:	<input type="text" value="VA: Virginia"/>			
Zip / Postal Code:	<input type="text" value="24219"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="2765238100"/>	Fax Number:	<input type="text"/>			
E-mail Address:	<input type="text"/>					

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

Name:	Prefix:	<input type="text"/>	First Name:	<input type="text" value="Andy"/>	Middle Name:	<input type="text"/>
	Last Name:	<input type="text" value="Lowe"/>			Suffix:	<input type="text"/>
Title:	<input type="text" value="Grants and Contracts Program Manager"/>					
Complete Address:						
Street1:	<input type="text" value="900 Natural Resources Drive"/>					
Street2:	<input type="text"/>					
City:	<input type="text" value="Charlottesville"/>	State:	<input type="text" value="VA: Virginia"/>			
Zip / Postal Code:	<input type="text" value="22903"/>	Country:	<input type="text" value="USA: UNITED STATES"/>			
Phone Number:	<input type="text" value="8048925602"/>	Fax Number:	<input type="text"/>			
E-mail Address:	<input type="text"/>					

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: