



KEY CONTACTS FORM FOR MULTIPLE PRINCIPAL INVESTIGATORS

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: _____

Title: _____

Complete Address: _____

Phone Number: _____

Payee: *Individual authorized to accept payments.*

Name: _____

Title: _____

Mail Address: _____

Phone Number: _____

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

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Contact Principal Investigator: *Individual to whom Agency program officials will direct all communications related to scientific, technical, and budgetary aspects of the project including pre-and post-award communications. This individual shares equal responsibility and accountability for the proper conduct of the project or program with all other Principal Investigators.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____



ADDITIONAL KEY CONTACTS FORM FOR MULTIPLE PRINCIPAL INVESTIGATORS

(Use as many sheets as needed.)

Principal Investigator: *This individual shares equal responsibility and accountability for the proper conduct of the project or program with all other Principal Investigators.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

Principal Investigator: *This individual shares equal responsibility and accountability for the proper conduct of the project or program with all other Principal Investigators.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

Principal Investigator: *This individual shares equal responsibility and accountability for the proper conduct of the project or program with all other Principal Investigators.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____



**ADDITIONAL KEY CONTACTS FORM FOR MULTIPLE
PRINCIPAL INVESTIGATORS**

(Use as many sheets as needed.)

Co-Investigator: *Individual responsible for the completion of portions of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

Co-Investigator: *Individual responsible for the completion of portions of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

Co-Investigator: *Individual responsible for the completion of portions of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

Paperwork Reduction Act Burden Statement

The public reporting and recordkeeping burden for this collection of information is estimated to average 30 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimate, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques, to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

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