



## EPA KEY CONTACTS FORM

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

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<b>Name:</b>	Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text"/>	Suffix: <input type="text"/>	
<b>Title:</b>	<input type="text"/>		
<b>Complete Address:</b>			
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		

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

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<b>Name:</b>	Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
	Last Name: <input type="text"/>	Suffix: <input type="text"/>	
<b>Title:</b>	<input type="text"/>		
<b>Complete Address:</b>			
Street1:	<input type="text"/>		
Street2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip / Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		

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

**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:**

**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:**