

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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Name: Prefix: First Name:	Middle Name:
Last Name:	Suffix:
<u>Title:</u>	
Complete Address:	
Street1:	
Street2:	
City:	State:
Zip / Postal Code:	Country:
Phone Number:	Fax Number:
E-mail Address:	
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Payee: Individual authorized to accept payments.	
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Name: Prefix: First Name: Last Name: Title:	
Name: Prefix: First Name: Last Name: Title: Complete Address:	
Name: Prefix: First Name: Last Name: Title: Complete Address: Street1:	
Name: Prefix: First Name: Last Name: Title: Complete Address: Street1: Street2:	Suffix:
Name: Prefix: First Name: Last Name: Complete Address: Street1: Street2: City:	Suffix:

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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: Pro	efix:		First Name:					Middle	Name:			
La	st Name:								Suffix:			
Title:												
Complete /	Address:											
Street1:]					
Street2:]					
City:					State:						_	
Zip / Post	tal Code:				Country:							
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Project Ma Name: Pr La Title: Complete A Street1: Street2: City:	refix:	ndividual res		he technical			osed wo	_				
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