



This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0020). Responses to this collection of information are required to obtain an assistance agreement (40 CFR Part 30, 40 CFR Part 31, and 40 CFR Part 33 for awards made prior to December 26, 2014, and 2 CFR 200, 2 CFR 1500, and 40 CFR Part 33 for awards made after December 26, 2014). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.5 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 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.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460		EPA FELLOWSHIP ACTIVATION NOTICE (Please type or print clearly)		FELLOWSHIP NO.	
				DATE FELLOW WILL ENTER ON DUTY	
NOTICE: EPA provides any payments to the sponsoring institution by check and provides any payments to the fellow either electronically or by check as determined appropriate by EPA.					
NAME OF FELLOW			NAME OF SPONSORING INSTITUTION		
MAILING ADDRESS FOR PAYMENTS TO FELLOW (include ZIP code)			MAILING ADDRESS FOR PAYMENTS TO INSTITUTION (include ZIP code)		
FOR EPA USE ONLY					
STIPEND			AWARD PERIOD		
	MONTHLY \$	FROM	THROUGH		
	TOTAL \$	SPECIAL INSTRUCTIONS			
BOOK ALLOWANCE	\$				
TUITION & FEES	\$	LEVEL <input type="checkbox"/> Agency <input type="checkbox"/> Special			
TOTAL AWARD	\$	PREPARED BY		DATE	
REMARKS					
SPECIALIST FOR PROJECT			AREA CODE	TELEPHONE NO.	
SIGNATURE OF FELLOW			AREA CODE	TELEPHONE NO.	DATE
APPROVING SIGNATURES					
SPONSOR OR DEPARTMENT HEAD (Please indicate)			AREA CODE	TELEPHONE NO.	DATE