

U.S. ENVIRONMENTAL PROTECTION AGENCY

Washington, DC 20460

KEY CONTACTS FORM



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: _____

Principal Investigator: *Individual responsible for the technical completion of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

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 estimates, 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.



ADDITIONAL KEY CONTACTS

(Use as many sheets as needed.)

Major Co-Investigators: *Individual responsible for the completion of major portions of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

Major Co-Investigators: *Individual responsible for the completion of major portions of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____

Major Co-Investigators: *Individual responsible for the completion of major portions of the proposed work.*

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Web URL: _____