EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

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

Name: Prefix: Mrs. First Name: Angela Middle Name:
Last Name: Knecht Suffix:

Title: Division Director

Complete Address:

Street1: 3900 Commonwealth Boulevard
Street2: MS 3600
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-3000 Country: USA: UNITED STATES

Phone Number: 850-245-2934 **Fax Number:**

E-mail Address: angela.knecht@floridadep.gov

Payee: *Individual authorized to accept payments.*

Name: Prefix: Mrs. First Name: Lydia Middle Name:
Last Name: Griffin Suffix:

Title: Bureau Chief of Finance and Accounting

Complete Address:

Street1: 3800 Commonwealth Boulevard
Street2: MS 78
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-3000 Country: USA: UNITED STATES

Phone Number: 850-245-2452 **Fax Number:**

E-mail Address: lydia.l.griffin@floridadep.gov

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

Name: Prefix: Mrs. First Name: Jessica Middle Name:
Last Name: Madden Suffix:

Title: Program Administrator

Complete Address:

Street1: 3900 Commonwealth Boulevard
Street2: MS 3600
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-3000 Country: USA: UNITED STATES

Phone Number: 850-245-8342 **Fax Number:**

E-mail Address: jessica.s.madden@floridadep.gov

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: **Prefix:** Mr. **First Name:** Andrew **Middle Name:**

Last Name: Briscoe **Suffix:**

Title: Environmental Consultant

Complete Address:

Street1: 3900 Commonwealth Boulevard

Street2: MS 3600

City: Tallahassee **State:** FL: Florida

Zip / Postal Code: 32399-3000 **Country:** USA: UNITED STATES

Phone Number: 850-245-2928 **Fax Number:**

E-mail Address: andrew.briscoe@floridadep.gov

EPA Form 5700-54 (Rev 4-02)