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: | First Name: John | Middle Name: C
Last Name: Rouge | Suffix:

Title: Director, Sponsored Programs

Complete Address:

Street1: 5901 College Road
Street2:
City: Key West | State: FL: Florida
Zip / Postal Code: 33040-4315 | Country: USA: UNITED STATES

Phone Number: 3058093179 | **Fax Number:**

E-mail Address: john.rouge@cfk.edu

Payee: *Individual authorized to accept payments.*

Name: Prefix: | First Name: Heather | Middle Name: C
Last Name: Margiotta | Suffix:

Title: Controller

Complete Address:

Street1: 5901 College Road
Street2:
City: Key West | State: FL: Florida
Zip / Postal Code: 33040-4315 | Country: USA: UNITED STATES

Phone Number: 3058093178 | **Fax Number:**

E-mail Address: heather.margiotta@cfk.edu

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: John | Middle Name: C
Last Name: Rouge | Suffix:

Title: Director, Sponsored Programs

Complete Address:

Street1: 5901 College Road
Street2:
City: Key West | State: FL: Florida
Zip / Postal Code: 33040-4315 | Country: USA: UNITED STATES

Phone Number: 3058093179 | **Fax Number:**

E-mail Address: john.rouge@cfk.edu

EPA KEY CONTACTS FORM

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

Name: **Prefix:** Dr. **First Name:** Patrick **Middle Name:** C

Last Name: Rice **Suffix:**

Title: Chief Science and Research Officer

Complete Address:

Street1: 5901 College Road

Street2:

City: Key West **State:** FL: Florida

Zip / Postal Code: 33040-4315 **Country:** USA: UNITED STATES

Phone Number: 3058093228 **Fax Number:**

E-mail Address: patrick.rice@cfk.edu

EPA Form 5700-54 (Rev 4-02)