OMB Number: 2030-0020
Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

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

Name: Prefix: Dr. First Name: Carina Middle Name:
Last Name: Blackmore Suffix:

Title: Director, Div of Disease Control & Hlth Prot

Complete Address:

Street1: 4052 Bald Cypress Way, Bin A-08
Street2:
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-7017 Country: USA: UNITED STATES

Phone Number: 850-245-4732 **Fax Number:**

E-mail Address: Carina.Blackmore@flhealth.gov

Payee: *Individual authorized to accept payments.*

Name: Prefix: Ms. First Name: Veronica Middle Name:
Last Name: Bishop Suffix:

Title: Chief, Budget and Revenue Management

Complete Address:

Street1: 4052 Bald Cypress Way, Bin B-02
Street2:
City: 4052 Bald Cypress Way, Bin B-02 State: FL: Florida
Zip / Postal Code: 32399-1728 Country: USA: UNITED STATES

Phone Number: 850-558-9556 **Fax Number:** 850-245-4105

E-mail Address: Veronica.Bishop@flhealth.gov

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

Name: Prefix: Mr. First Name: Wesley Middle Name:
Last Name: Hagler Suffix:

Title: Fiscal Manager

Complete Address:

Street1: 4052 Bald Cypress Way, Bin A-08
Street2:
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-7017 Country: USA: UNITED STATES

Phone Number: 850-245-4280 **Fax Number:** 580-487-0864

E-mail Address: Wesley.Hagler@flhealth.gov

EPA Form 5700-54 (Rev 4-02)

EPA KEY CONTACTS FORM

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

Name: **Prefix:** Ms. **First Name:** Elke **Middle Name:**

Last Name: Ursin **Suffix:**

Title: Environmental Administrator

Complete Address:

Street1: 4052 Bald Cypress Way, Bin A-08

Street2:

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

Zip / Postal Code: 32399-7017 **Country:** USA: UNITED STATES

Phone Number: 850-901-6518 **Fax Number:**

E-mail Address: Elke.Ursin@flhealth.gov

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