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: | First Name: Trina | Middle Name:
Last Name: Vielhauer | Suffix:

Title: Director of Division of Water Restoration Ass

Complete Address:

Street1: 3900 Commonwealth Blvd
Street2: MS#3600
City: Tallahassee | State: FL: Florida
Zip / Postal Code: 32399 | Country: USA: UNITED STATES

Phone Number: 8502452998 | **Fax Number:**

E-mail Address: Trina.Vielhauer@floridadep.gov

Payee: *Individual authorized to accept payments.*

Name: Prefix: | First Name: Lydia | Middle Name:
Last Name: Griffin | Suffix:

Title:

Complete Address:

Street1: 3900 Commonwealth Blvd
Street2:
City: Tallahassee | State: FL: Florida
Zip / Postal Code: 32399 | Country: USA: UNITED STATES

Phone Number: 8502452452 | **Fax Number:**

E-mail Address: Lydia.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: | First Name: Jennifer | Middle Name:
Last Name: Vickers | Suffix:

Title: DWRA Budget Coordinator

Complete Address:

Street1: 3900 Commonwealth Blvd
Street2:
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Zip / Postal Code: 32399 | Country: USA: UNITED STATES

Phone Number: 8502452995 | **Fax Number:**

E-mail Address: Jennifer.Vickers@floridadep.gov

EPA KEY CONTACTS FORM

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

Name: **Prefix:** **First Name:** Amanda **Middle Name:**

Last Name: Peck **Suffix:**

Title: Nonpoint Source Management Program Admin

Complete Address:

Street1: 3900 Commonwealth Blvd

Street2: MS #3570

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

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

Phone Number: 8502452952 **Fax Number:**

E-mail Address: amanda.peck@floridadep.gov

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