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:** Mrs. **First Name:** Trina **Middle Name:**
Last Name: Vielhauer **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: 850-245-2998 **Fax Number:**
E-mail Address: trina.vielhauer@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:
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:** Jennifer **Middle Name:**
Last Name: Vickers **Suffix:**
Title: Program Administrator
Complete Address:
Street1: 3900 Commonwealth Boulevard
Street2:
City: Tallahassee **State:** FL: Florida
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Phone Number: 850-245-2958 **Fax Number:**
E-mail Address: jennifer.vickers@floridadep.gov

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EPA KEY CONTACTS FORM

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

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

Last Name: Isaacson **Suffix:**

Title: Environmental Consultant

Complete Address:

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

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

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