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: W. David | Middle Name:
Last Name: Polk | Suffix:

Title: Environmental Specialist III

Complete Address:

Street1: 4052 Bald Cypress Way
Street2: A08
City: Tallahassee | State: FL: Florida
Zip / Postal Code: 32399-1710 | Country: USA: UNITED STATES

Phone Number: 850-901-6510 | **Fax Number:** 850-487-0864

E-mail Address: david.polk@FLhealth.gov

Payee: *Individual authorized to accept payments.*

Name: Prefix: | First Name: Dawn | Middle Name: M
Last Name: McWilliams | Suffix:

Title: Budget and Revenue Managment Chief

Complete Address:

Street1: 4052 Bald Cypress Way
Street2: Bin B02
City: Tallahassee | State: FL: Florida
Zip / Postal Code: 32399-1710 | Country: USA: UNITED STATES

Phone Number: 850-245-4227 | **Fax Number:**

E-mail Address: dawn.McWilliams@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: | First Name: Keith | Middle Name:
Last Name: Hughes | Suffix:

Title: Government Operations Consultant III

Complete Address:

Street1: 4052 Bald Cypress Way
Street2: Bin A08
City: Tallahassee | State: FL: Florida
Zip / Postal Code: 32399-1710 | Country: USA: UNITED STATES

Phone Number: 850-245-4322 | **Fax Number:** 850-487-0864

E-mail Address: david.polk@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:** Mr. **First Name:** W. David **Middle Name:**

Last Name: Polk **Suffix:**

Title: Environmental Specialist III

Complete Address:

Street1: 4052 Bald Cypress Way

Street2: Bin A08

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

Zip / Postal Code: 32399-1710 **Country:** USA: UNITED STATES

Phone Number: 850-901-6510 **Fax Number:** 850-487-0864

E-mail Address: david.polk@FLhealth.gov

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