OMB Number: 2030-0020
Expiration Date: 06/30/2017

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: Mr. First Name: Thomas Middle Name:
Last Name: Pepper Suffix:

Title: Executive Director

Complete Address:

Street1: 1800 Deslonde Street
Street2:
City: New Orleans State: LA: Louisiana
Zip / Postal Code: 70117 Country: USA: UNITED STATES

Phone Number: (k)(6) [redacted] **Fax Number:**

E-mail Address: (k)(6) [redacted]

Payee: *Individual authorized to accept payments.*

Name: Prefix: Mr. First Name: Thomas Middle Name:
Last Name: Pepper Suffix:

Title: Executive Director

Complete Address:

Street1: 1800 Deslonde Street
Street2:
City: New Orleans State: LA: Louisiana
Zip / Postal Code: 70117 Country: USA: UNITED STATES

Phone Number: (k)(6) [redacted] **Fax Number:**

E-mail Address: (k)(6) [redacted]

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: Thomas Middle Name:
Last Name: Pepper Suffix:

Title: Executive Director

Complete Address:

Street1: 1800 Deslonde Street
Street2:
City: New Orleans State: LA: Louisiana
Zip / Postal Code: 70117 Country: USA: UNITED STATES

Phone Number: (k)(6) [redacted] **Fax Number:**

E-mail Address: (k)(6) [redacted]

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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:** James **Middle Name:**

Last Name: Stramm **Suffix:**

Title: Education Coordinator

Complete Address:

Street1: 1800 Deslonde Street

Street2:

City: New Orleans **State:** LA: Louisiana

Zip / Postal Code: 70117 **Country:** USA: UNITED STATES

Phone Number: (504) 312-1729 **Fax Number:**

E-mail Address: wetlands@commongroundrelief.org

EPA Form 5700-54 (Rev 4-02)