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: Jessica Middle Name: Stringer
Last Name: Madden Suffix:

Title: Program Administrator

Complete Address:

Street1: 2600 Blairstone Road
Street2:
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-2400 Country: USA: UNITED STATES

Phone Number: 850-245-8342 **Fax Number:**

E-mail Address: jessica.s.madden@floridadep.gov

Payee: *Individual authorized to accept payments.*

Name: Prefix: Ms. First Name: Angie Middle Name:
Last Name: Boooker Suffix:

Title: Finance & Accounting Director III

Complete Address:

Street1: 3900 Commonwealth Boulevard
Street2: MS 77 Revenue
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-2400 Country: USA: UNITED STATES

Phone Number: 850-245-2440 **Fax Number:**

E-mail Address: angie.d.booker@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: Mr. First Name: John Middle Name:
Last Name: Fortier Suffix:

Title: Accounting Manager

Complete Address:

Street1: 3900 Commonwealth Boulevard
Street2: MS 77 Grants
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-2400 Country: USA: UNITED STATES

Phone Number: 850-245-2458 **Fax Number:**

E-mail Address: john.fortier@floridadep.gov

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: Silvanima **Suffix:**

Title: Environmental Administrator

Complete Address:

Street1: 2600 Blairstone Road

Street2: MS 3560

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

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

Phone Number: 850-245-8507 **Fax Number:**

E-mail Address: james.silvanima@floridadep.gov

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