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: Ms. First Name: Joni Middle Name:
Last Name: Synatschk Suffix:

Title: Program Administrator

Complete Address:

Street1: 2600 Blair Stone Road
Street2: MS 3520
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399 Country: USA: UNITED STATES

Phone Number: 850-245-8599 **Fax Number:** 850-245-8356

E-mail Address: Joni.Synatschk@FloridaDEP.gov

Payee: *Individual authorized to accept payments.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:

Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:

Phone Number: **Fax Number:**

E-mail Address:

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: Jamie Middle Name:
Last Name: Shakar Suffix:

Title: Environmmental Administrator

Complete Address:

Street1: 2600 Blair Stone Road
Street2: MS 3520
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399 Country: USA: UNITED STATES

Phone Number: 850-245-8626 **Fax Number:** 850-245-8356

E-mail Address: Jamie.Shakar@FloridaDEP.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:** Ms. **First Name:** Joni **Middle Name:**

Last Name: Synatschk **Suffix:**

Title: Program Administrator

Complete Address:

Street1: 2600 Blair Stone Road

Street2: MS 3520

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

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

Phone Number: 850-245-8599 **Fax Number:** 850-245-8356

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