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:** Mr. **First Name:** Fletcher **Middle Name:**
Last Name: Herrald **Suffix:**

Title: Program Administator

Complete Address:

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

Phone Number: (850) 245-8710 **Fax Number:**

E-mail Address: fletcher.herrald@dep.state.fl.us

Payee: *Individual authorized to accept payments.*

Name: **Prefix:** Mr. **First Name:** John **Middle Name:**
Last Name: Fortier **Suffix:**

Title: Revenue Director

Complete Address:

Street1: 3099 Commonwealth Blvd.
Street2:
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@dep.state.fl.us

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name: **Prefix:** Ms. **First Name:** Lydia **Middle Name:**
Last Name: Griffin **Suffix:**

Title: Bureau Chief

Complete Address:

Street1: 3099 Commonwealth Blvd.
Street2:
City: Tallahassee **State:** FL: Florida
Zip / Postal Code: 32399-2400 **Country:** USA: UNITED STATES

Phone Number: (850) 245-2452 **Fax Number:**

E-mail Address: Lydia.Griffin@dep.state.fl.us

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:** Amanda **Middle Name:**

Last Name: Dorsett **Suffix:**

Title: Environmental Administrator

Complete Address:

Street1: 2600 Blair Stone Road

Street2:

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

Zip / Postal Code: 32399-2400 **Country:** USA: UNITED STATES

Phone Number: (850) 245-8931 **Fax Number:**

E-mail Address: Amanda.Dorsett@dep.state.fl.us

EPA Form 5700-54 (Rev 4-02)