EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

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 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: 8502458710 **Fax Number:**

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

Payee: *Individual authorized to accept payments.*

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

Title: Bureau Chief

Complete Address:

Street1: 3800 Commonwealth Blvd.
Street2:
City: Tallahassee State: FL: Florida
Zip / Postal Code: 32399-3000 Country: USA: UNITED STATES

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

E-mail Address: Lydia.L.Griffin@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: Fletcher Middle Name:
Last Name: Herrald Suffix:

Title: Program 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: 8502458710 **Fax Number:**

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

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: **Prefix:** Mr. **First Name:** Fletcher **Middle Name:**

Last Name: Herrald **Suffix:**

Title:

Complete Address:

Street1: 2600 Blair Stone Road

Street2:

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

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

Phone Number: 8502458710 **Fax Number:**

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

EPA Form 5700-54 (Rev 4-02)