



# 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.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="David"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Holt"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Mayor, City of Oklahoma City"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="200 N. Walker, 3rd Floor"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Oklahoma City"/>	<b>State:</b>	<input type="text" value="OK: Oklahoma"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="73102-4437"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="4052971766"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="mayor@okc.gov"/>					

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text" value="Ms."/>	<b>First Name:</b>	<input type="text" value="Kimberly"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Watson"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Municipal Accountant III"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="420 W. Main 9th Floor"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Oklahoma City"/>	<b>State:</b>	<input type="text" value="OK: Oklahoma"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="73102-4437"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="4052971766"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="kimberly.watson@okc.gov"/>					

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

<b>Name:</b>	<b>Prefix:</b>	<input type="text" value="Ms."/>	<b>First Name:</b>	<input type="text" value="Amanda"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Alewine"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Senior Brownfields Planner"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="420 W. Main 9th Floor"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Oklahoma City"/>	<b>State:</b>	<input type="text" value="OK: Oklahoma"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="73102-4437"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="4052971766"/>			<b>Fax Number:</b>	<input type="text" value="4053161766"/>	
<b>E-mail Address:</b>	<input type="text" value="amanda.alewine@okc.gov"/>					

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

**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:**