



KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name: _____
Title: _____
Complete Address: _____
Phone Number: _____

Payee: *Individual authorized to accept payments.*

Name: _____
Title: _____
Mail Address: _____
Phone Number: _____

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

Name: _____
Title: _____
Mailing Address: _____
Phone Number: _____
FAX Number: _____
E-Mail Address: _____

Principal Investigator: *Individual responsible for the technical completion of the proposed work.*

Name: _____
Title: _____
Mailing Address: _____
Phone Number: _____
FAX Number: _____
E-Mail Address: _____
Web URL: _____

ADDITIONAL KEY CONTACTS (use as many sheets as needed)

■ Major Co-Investigator: *Individual responsible for the completion of major portions of the proposed work.*

Name: _____
Title: _____
Mailing Address: _____

Phone Number: _____
FAX Number: _____
E-Mail & Web Address: _____

■ Major Co-Investigator: *Individual responsible for the completion of major portions of the proposed work.*

Name: _____
Title: _____
Mailing Address: _____

Phone Number: _____
FAX Number: _____
E-Mail & Web Address: _____

■ Major Co-Investigator: *Individual responsible for the completion of major portions of the proposed work.*

Name: _____
Title: _____
Mailing Address: _____

Phone Number: _____
FAX Number: _____
E-Mail & Web Address: _____

■ Major Co-Investigator: *Individual responsible for the completion of major portions of the proposed work.*

Name: _____
Title: _____
Mailing Address: _____

Phone Number: _____
FAX Number: _____
E-Mail & Web Address: _____