

# 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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Administrative Contact:** *Individual from Sponsored Programs 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 & Web Address: \_\_\_\_\_

## 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: \_\_\_\_\_

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\_\_\_\_\_  
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Name: \_\_\_\_\_  
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\_\_\_\_\_  
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