

AGREEMENT CONTACT INFORMATION

Agreement Number: LP[will be assigned]
Grantee: (i.e., city of, * county) Brevard County Utility Services Department
Project Title: South Beaches WWTF Conversion to AWT, 6MGD
Award Amount: \$
Match Amount (if required): \$0
Local Pledged Contributions: \$0
Federal Employer ID Number: 59-6000523

1) Authorized Representative (to sign agreement)

Name: Frank Abbate Phone Number: 321-633-2001
Title: County Manager
Employer: Brevard County Board of County Commissioners
Mailing Address (P.O. Box): _____
City: _____ State: _____ Zip: _____
Street Address for express mail delivery: 2725 Judge Fran Jamieson Way Bldg.C
City: Melbourne State: FL Zip: 32940
E-mail address: Frank.Abbate@brevardfl.gov

2) Grant Manager

Name: Kim Cox Phone Number: 321-350-8366
Title: Finance Officer
Employer: Brevard County Board of County Commissioners
Mailing Address (P.O. Box): 2725 Judge Fran Jamieson Way Bldg. A-213
City: Melbourne State: FL Zip: 32940
E-mail address: Kimberly.Cox@brevardfl.gov

3) Disbursement Contact Person (who will prepare requests)

Name: Isidro Rivera-Alicea Phone Number: 321-301-4294
Title: Accountant II
Employer: Brevard County Board of County Commissioners
Mailing Address (P.O. Box): 2725 Judge Fran Jamieson Way Bldg. A-213
City: Melbourne State: FL Zip: 32940
E-mail address: Isidro.Rivera-Alicea@brevardfl.gov

4) Primary Contact (if different from Grant Manager or Disbursement preparer)

Name: _____ Phone Number: _____
Title: _____
Employer: _____
Mailing Address (P.O. Box): _____
City: _____ State: _____ Zip: _____
E-mail address: _____