



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: Jimmy	Middle Name: Wayne
	Last Name: Carroll	Suffix:	
Title:	Assistant Bureau Chief - Office Engineer		
Complete Address:			
Street1:	1409 Coliseum BLVD		
Street2:			
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36110	Country:	USA: UNITED STATES
Phone Number:	334-242-6424	Fax Number:	
E-mail Address:	Carrollj@dot.state.al.us		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Jeff	Middle Name:
	Last Name: Hornsby	Suffix:	
Title:	ALDOT Chief Financial Officer		
Complete Address:			
Street1:	1409 Coliseum BLVD		
Street2:			
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36110	Country:	USA: UNITED STATES
Phone Number:	334-24-2359	Fax Number:	(334) 269-0827
E-mail Address:	hornsbyje@dot.state.al.us		

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: George	Middle Name: H
	Last Name: Conner	Suffix:	
Title:	Deputy Director, Operations		
Complete Address:			
Street1:	1409 Coliseum BLVD		
Street2:			
City:	Montgomery	State:	AL: Alabama
Zip / Postal Code:	36110	Country:	USA: UNITED STATES
Phone Number:	334-242-6323	Fax Number:	
E-mail Address:	connerg@dot.state.al.us		

EPA KEY CONTACTS FORM

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: