



# 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" value="Ms."/>	<b>First Name:</b> <input type="text" value="Lindsay"/>	<b>Middle Name:</b> <input type="text" value="Check"/>
	<b>Last Name:</b> <input type="text" value="Snoddy"/>	<b>Suffix:</b> <input type="text"/>	
<b>Title:</b>	<input type="text" value="Director, Building Services Department"/>		
<b>Complete Address:</b>			
<b>Street1:</b>	<input type="text" value="401 McIntire Road"/>		
<b>Street2:</b>	<input type="text"/>		
<b>City:</b>	<input type="text" value="Charlottesville"/>	<b>State:</b>	<input type="text" value="VA: Virginia"/>
<b>Zip / Postal Code:</b>	<input type="text" value="22902"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>
<b>Phone Number:</b>	<input type="text" value="434-975-9340"/>	<b>Fax Number:</b>	<input type="text"/>
<b>E-mail Address:</b>	<input type="text" value="lcsnoddy@k12albemarle.org"/>		

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

<b>Name:</b>	<b>Prefix:</b> <input type="text"/>	<b>First Name:</b> <input type="text" value="Jackson"/>	<b>Middle Name:</b> <input type="text"/>
	<b>Last Name:</b> <input type="text" value="Zimmerman"/>	<b>Suffix:</b> <input type="text"/>	
<b>Title:</b>	<input type="text"/>		
<b>Complete Address:</b>			
<b>Street1:</b>	<input type="text" value="401 McIntire Road"/>		
<b>Street2:</b>	<input type="text"/>		
<b>City:</b>	<input type="text" value="Charlottesville"/>	<b>State:</b>	<input type="text" value="VA: Virginia"/>
<b>Zip / Postal Code:</b>	<input type="text" value="22902"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>
<b>Phone Number:</b>	<input type="text" value="434-296-5820"/>	<b>Fax Number:</b>	<input type="text"/>
<b>E-mail Address:</b>	<input type="text" value="jzimmerm@k12albemarle.org"/>		

**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"/>	<b>First Name:</b> <input type="text" value="John"/>	<b>Middle Name:</b> <input type="text"/>
	<b>Last Name:</b> <input type="text" value="Coles"/>	<b>Suffix:</b> <input type="text"/>	
<b>Title:</b>	<input type="text" value="Environmental Program Manager"/>		
<b>Complete Address:</b>			
<b>Street1:</b>	<input type="text" value="401 McIntire Road"/>		
<b>Street2:</b>	<input type="text"/>		
<b>City:</b>	<input type="text" value="Charlottesville"/>	<b>State:</b>	<input type="text" value="VA: Virginia"/>
<b>Zip / Postal Code:</b>	<input type="text" value="22902"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>
<b>Phone Number:</b>	<input type="text" value="434-975-9340"/>	<b>Fax Number:</b>	<input type="text"/>
<b>E-mail Address:</b>	<input type="text" value="jcoles@k12albemarle.org"/>		

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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:**