

Key Contacts Form

*** Applicant Organization Name:**

American Conservation Experience

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Federal Grants and Finance Manager

Prefix:

*** First Name:** Annie

Middle Name:

*** Last Name:** Meltzer

Suffix:

Title:

Organizational Affiliation:

*** Street1:** 623 East 2100 South Suite #B1

Street2:

*** City:** Salt lake City

County:

*** State:** UT: Utah

Province:

*** Country:** USA: UNITED STATES*** Zip / Postal Code:** 84106*** Telephone Number:** 385 249 0823

Fax:

*** Email:** ameltzer@usaconservation.org

Key Contacts Form

*** Applicant Organization Name:**

American Conservation Experience

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 2 Project Role:** National Program Manager, BLM

Prefix:

*** First Name:** Kelly

Middle Name:

*** Last Name:** Barrett

Suffix:

Title:

Organizational Affiliation:

*** Street1:** 623 East 2100 South Suite #B1

Street2:

*** City:** Salt Lake City

County:

*** State:** UT: Utah

Province:

*** Country:** USA: UNITED STATES*** Zip / Postal Code:** 84106*** Telephone Number:** 372 272 0472

Fax:

*** Email:** kbarrett@usaconservation.org

Key Contacts Form

*** Applicant Organization Name:**

American Conservation Experience

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 3 Project Role:** National Internship Manager

Prefix:

*** First Name:** Shane

Middle Name:

*** Last Name:** Barrow

Suffix:

Title:

Organizational Affiliation:

*** Street1:** 623 East 2100 South Suite #B1

Street2:

*** City:** Salt Lake City

County:

*** State:** UT: Utah

Province:

*** Country:** USA: UNITED STATES*** Zip / Postal Code:** 84106*** Telephone Number:** 801 946 2722

Fax:

*** Email:** sbarrow@usaconservation.org