



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: Ms.	First Name: Megan	Middle Name:
	Last Name: Kushpa	Suffix:	
Title:	Deputy Communications Director		
Complete Address:			
Street1:	1 Main St.		
Street2:			
City:	Woodbridge	State:	NJ: New Jersey
Zip / Postal Code:	07095	Country:	USA: UNITED STATES
Phone Number:	732-602-6054	Fax Number:	
E-mail Address:	megan.kushpa@twp.woodbridge.nj.us		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Vito	Middle Name:
	Last Name: Cimilluca	Suffix:	
Title:	Business Administrator		
Complete Address:			
Street1:	1 Main St.		
Street2:			
City:	Woodbridge	State:	NJ: New Jersey
Zip / Postal Code:	07095	Country:	USA: UNITED STATES
Phone Number:	732-602-4500	Fax Number:	
E-mail Address:	vito.cimilluca@twp.woodbridge.nj.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: Thomas	Middle Name:
	Last Name: Flynn	Suffix:	
Title:	Environmental Specialist		
Complete Address:			
Street1:	1 Main St.		
Street2:			
City:	Woodbridge	State:	NJ: New Jersey
Zip / Postal Code:	07095	Country:	USA: UNITED STATES
Phone Number:	732-602-6057	Fax Number:	
E-mail Address:	thomas.flynn@twp.woodbridge.nj.us		

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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: