

1. **Name:** Richard Sposa
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2. **Title:** Chief of EMS Operations
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3. **Organization you are representing:** Jersey City Medical Center RWJ Barnabas Health
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4. **Date of hearing:** 6/21/2016
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5. The amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing, received by you or an entity represented by the witness during the prior two calendar years (2014 and 2015): (attach additional pages as necessary).

2014  
UASI - \$31,740  
2015  
UASI - \$34,185  
value of goods received by JCMC, funded by a regional grant awarded to University Hospital, Newark

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6. The amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government, received by you or an entity represented by the witness during the prior two calendar years (2014 and 2015): (attach additional pages as necessary)

None

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Signature of Witness: \_\_\_\_\_

**REDACTED**

Your signature \_\_\_\_\_ nittee website.