

Connecticut Division of Emergency Management & Homeland Security



Department of Emergency Services & Public Protection



2024 Connecticut Nonprofit Security Grant Program (CT-NSGP)

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Emergency Management Program Specialist

DEMHS.CT-NSGP@ct.gov

Congratulations on receiving the Connecticut Nonprofit Security Grant Award



What's Next

- Discuss program
- Review paperwork
 - Progress report (explaining how the project is going)
 - Reimbursement forms (requesting funding)
 - Cash Advancement (requesting funding to begin project)
 - Quarterly Financial Report (explaining how funds are used)
 - Complete mandatory documents (W-9, agency vendor form, ACH form)
 - State Historic Preservation Office (SHPO) form
 - (mandatory for buildings 50 plus years old)
- Payment Options



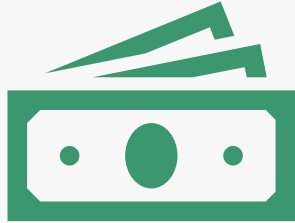
Communicating with DEMHS



- When emailing include:
 - Name of Organization*****
 - Grant number
- Do not use this inbox for “day-to-day” correspondences; such as checking in on the status of your payment requests. You may contact the program manager directly for those inquiries.
- All questions, applications, reports and payment requests must be submitted to:

DEMHS.CT-NSGP@ct.gov

Forms and Payment

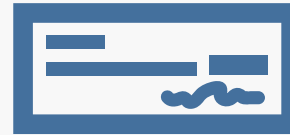


Cash Advancement

50% of total cost

Contract signed by both parties

Remaining 50% only made by reimbursement



Documents

Invoice: Date, description, and correct amount

Forms of payment: signed check, bank statement, credit card statement, cleared check



Reimbursement Form

State of Connecticut
Department of Emergency Services & Public Protection
Division of Emergency Management & Homeland Security

CT NSGP Reimbursement Request
 (Revised October 2023)

Grantee Name: _____
 Remittance Address: _____
 FEIN # (Mandatory): _____
 Phone Number: _____
 Grant Award Number: _____
 Total Grant Award Amount: _____

Please email the completed and signed form to: DEMHS.NSGP@ct.gov
 (no hardcopies or original signatures needed)

Please note: Reimbursements will be payable directly to the subgrantee (as listed on the Notice of Grant Award)
 Please select appropriate Funding Year below:
 Funding Year: _____
 Funding source: CT NSGP

Amount Seeking Reimbursement: _____
 First Reimbursement Final Reimbursement (if Cash Advance was used, select Final)

Mandatory: Describe the project activities/ deliverables that are included in this reimbursement request:

Attach required supporting documentation (invoice, proof of payment, etc.)
Mandatory: Please describe the achievement toward project goals/milestones.

Signatures required:

 Point of Contact or Sub-Grant Project Director Chief Executive Official Date

I certify that the foregoing signature is true and accurate, and if electronic, I further certify that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, and (e) is linked to data in such a manner that it is invalidated if the data are changed.

Please scan/email completed and signed form to: DEMHS.NSGP@ct.gov, retain originals.
 DEMHS Reimbursement Request Form 1

CT NSGP Reimbursement Request

CT NSGP Reimbursement Request
 For each facility: Please provide the invoice number, vendor name, project name (as listed in approved budget).
 For each item: Please provide a copy of the invoice and proof of payment (copy of check, report from financial system showing check number, check date, vendor name and amount paid).

Facility name:	_____				Total:	\$ 0.00
Invoice No. :	Invoice 1	Invoice 2	Invoice 3	Invoice 4		
Vendor Name:						
Project Name:						
Amount\$						
Check #:						

Facility name:	_____				Total:	\$ 0.00
Invoice No. :	Invoice 1	Invoice 2	Invoice 3	Invoice 4		
Vendor Name:						
Project Name:						
Amount\$						
Check #:						

Facility name:	_____				Total:	\$ 0.00
Invoice No. :	Invoice 1	Invoice 2	Invoice 3	Invoice 4		
Vendor Name:						
Project Name:						
Amount\$						
Check #:						

DEMHS Reimbursement Request Form 2

FOR DESPP-DEMHS USE ONLY – DO NOT COMPLETE BEYOND THIS POINT

DEMHS Emergency Management Preparedness Specialist certifies the following:

- The FEIN Number is identified as required on the front.
- Up to date DEMHS Financial Report is on file has been reviewed.
- Up to date DEMHS Progress Report is on file has been reviewed.
- If final, a completed DEMHS Inventory Report is on file.

Signature of EMPS: _____ Date: _____

Grant Unit Approval: _____ Date: _____

Fiscal Unit approval: _____ Date: _____

Amount\$ _____

FOR DESPP / RSCAL USE ONLY

REQ / PO # _____

LINE / DISTRIBUTION L D



Submitted by: _____ Date _____

Approved by: _____ Date _____

DEMHS Reimbursement Request Form 3



Progress Request Form

 **State of Connecticut**
Department of Emergency Services & Public Protection
Division of Emergency Management & Homeland Security 

CT-NSGP Progress Report
Due quarterly, regardless of work occurring in quarter

Subgrant Award #:
Organization:

Quarter ending:
Year:

Please provide details (including dates for each milestone). If the subgrant includes more than one facility, provide updates for all locations).

1: State Historic Preservation Office review (if building is 50 years or older) - attach correspondence if applicable. Use the space below to describe any issues or updates.

2: Bidding/procurement processes/updates:

3: Vendor award/contract selection:

4: Building Permit/Guidance from Fire Marshall. Not needed for all projects. Updates, if needed:

Subgrant #:
Organization:

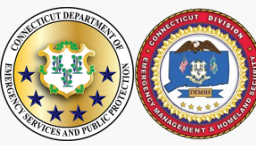
5: Installation/construction updates:

6: Other project details:

Signature of Project Point of Contact

Date

Please scan/email completed and signed form to: DEMHS.CT-NSGP@ct.gov



Financial Report

Cash Advance and Sub-Grant Award Reporting

INSTRUCTIONS FOR FINANCIAL REPORT FORM

General: This Financial Report must be used by all sub-grantees to report project outlays or expenditures and unpaid obligations. It must be used by all sub-grantees, including those who have obtained a cash advance. Submit this form to by email to DEMHS.NSGP@CT.gov. Hard copies/originals do not need to be sent in to the office.

All sub-grant recipients must report on their sub-grants (including Cash Advances) at minimum on a quarterly basis. This form is part of the overall reporting system that the DEMHS Grant Unit must maintain in order to meet the requirements for continuing grant funding.

This form must be filed quarterly even if the grantee has not incurred expenditures and/or no request for funds is being made.

SECTION I

1. Subgrantee Name.
2. Sub-Grant Award Number.
3. Award period beginning and ending dates (month/day/year). If you requested and received a revised award period, use the revised dates.
4. Check off whether this is a quarterly or financial report
5. Reporting period end date. Complete the year and circle the appropriate date.
6. Typed or printed name and telephone number of the person who prepared this report and who is assigned the responsibility of making sure that this report is accurate, mathematically correct and complete. This person will be our contact person if the report is questioned by DESPP/ DEMHS staff.
7. Date the report was completed (month/day/year).

SECTION II Please read this section carefully. It must be signed and dated by the Project Director or Financial Officer of Record for the sub-grant.

SECTION III

9. This column should reflect the total project budget under which the sub-grantee is operating.
10. This column should reflect program outlays or expenditures for the current quarter only.
11. This column should reflect the total of the cumulative program outlays or expenditures to the end of the reporting period.
12. This column should include all obligations incurred by the sub-grantee which have not been paid to date, including purchase orders, contracts awarded, payroll worked but not paid.
13. This column should reflect the total of the cumulative program outlays and unpaid obligations (add columns 11 and 12).
14. This column should reflect the balance of the sub-grant (subtract column 13 from 9).

Revised 6/2021



State of Connecticut

Department of Emergency Services & Public Protection
Division of Emergency Management & Homeland Security



CT NSGP FINANCIAL REPORT

Section I. Basic Information

1. Sub-Grantee: _____
2. Sub-Grant #: _____
3. Project Title: _____
4. Period of Award: _____ to _____
5. Type of Report: Quarterly
6. Report for the Period Ending (Select): Pick Date 20xx
7. Report Prepared by: _____ Phone: _____
8. Date Report Prepared: _____

Section II. Certification

I hereby certify that the information contained on this page and on the "Report Form" are based on official accounting records, and that the project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation to support these project outlays is available.

If typed, I further certify that it is intended to have the same force as a manual signature.

Signature: _____ Date: _____

Section III. Grantee Information

**** Please complete Report Form on the next tab (click below).**

If completing this form on a computer, please enter data in green cells only. The gray cells will total your figures automatically.

Department of Emergency Services & Public Protection 1111 Country Club Road
Emergency Management & Homeland Security Grant Unit Middletown, CT 06457 CTNSGP

FINANCIAL REPORT for the period ending: _____ Year: _____

Sub-Grantee: _____

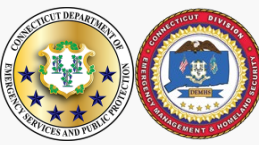
Type of Report: Quarterly

Budget Line Items	9. Total Project Budget	10. This Quarter's Project Outlays	11. Cumulative Project Outlays	12. Unpaid Obligations
Facility name(s)	Grant Funding/ Award Amt	Grant Funding	Grant Funding	Grant Funding
H. TOTALS	\$0.00	\$0.00	\$0.00	\$0.00

Budget Line Items	13. Total of Outlays and Unpaid Obligations (Column 11 plus Column 12)	14. Balane (Column 9 minus 13)
Facility names(s)	Grant Funding	Grant Funding
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
	0.00	\$0.00
H. TOTALS	\$0.00	\$0.00

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project or shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: _____ Date: _____
Project Director or Financial Officer of Record for the Sub-Grant



Pay-out options Reimbursements

- Up to two reimbursements – can submitted for the one lump sum
- One reimbursement during project performance, one reimbursement upon completion of all projects
- All reimbursements require invoices and proofs of payments a (signed check, cancelled check, or the bank statement)equal to or greater than reimbursement request
- Quarterly progress reports and financial reports must be up to date before reimbursement can be processed
- Nonprofit must be able to pay full amount, and then request reimbursement with proofs of payment

Cash Advancement



- One cash advance and one reimbursement
 - 50% cash advance (max)
 - (requires signed vendor contracts equal to or greater than the amount of the cash advance)
- Remaining 50% reimbursed upon completion of all projects
- Need to show proof that your cash advance has been expended (receipts, credit card statements, etc.)
- Requires invoices and proofs of payments equal to or greater than the reimbursement
- Quarterly progress reports and financial reports need to be up to date before processing reimbursement

Cash Advance



STATE OF CONNECTICUT
 DEPARTMENT OF EMERGENCY SERVICES &
 PUBLIC PROTECTION
 Division of Emergency Management and Homeland
 Security 1111 Country Club Road, Middletown, CT 06457



Cash Advance Request Form for CT-NSGP

Revised 5/2024

1. Grantee Name
- Project address
2. Remit to Address:
3. Sub-Grant #:
4. FEIN#:
5. Grant Program:
6. Sub-grant Award Amount:
7. Amount of Cash Requested:

Please email the completed and signed form to:
DEMHS-CT-NSGP@ct.gov
 Original signatures/hardcopies are not required

Only one cash advance request may be submitted per subgrant. A signed vendor contract(s) must be submitted to support the request. Up to 50% of the subgrant award may be advanced, as long as the dollar value of signed vendor contract matches or exceeds the requested cash advance amount.

- Describe the proposed project activities for which funds are requested.

Please confirm the statement below by initialing:

The Sub-Grantee has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this cash advance. The vendors and contractors do not appear on the Sam's Exclusion List.

 Point of Contact or Sub-Grant Project Director Chief Executive Official
 Date

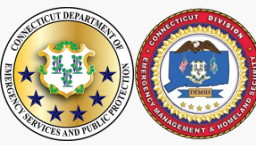
I certify that the foregoing signature is true and accurate, and if electronic, I further certify that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, and (e) is linked to data in such a manner that it is invalidated if the data are changed.

Please scan/email completed and signed form to: DEMHS-CT-NSGP@ct.gov Please retain originals in your files.

FOR DEMHS USE ONLY – DO NOT COMPLETE BEYOND THIS POINT

- DEMHS Emergency Management Preparedness Specialist certifies the following:
- This form has been verified to have original signatures
 - The FEIN Number is identified as required on the front
 - Up to date DEMHS Financial Report is on file has been reviewed
 - Up to date DEMHS Progress Report is on file has been reviewed
 - If final, a completed DEMHS Inventory Report is on file
 - Selected for On-Site Financial Monitoring Visit – Date Scheduled

Signature of EMPS	Date
Signature of Grants Supervisor	Date



Reporting Requirements

- Quarterly submissions to:
 - DEMHS.CT-NSGP@ct.gov
- Progress reports and financial reports due within 30 days of the close of the quarter.
- Reports need to be submitted regardless of whether work was performed during the quarter or not.
- Both templates can be found on our website:
 - <https://portal.ct.gov/DEMHS/Grants/Nonprofit-Security-Grant-Program-Overview>



Reporting Requirements Date

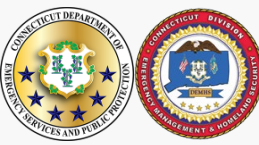
PERIOD

- *July 1- September 30*
- *October 1- December 31*
- *January 1- March 31*
- *April 1- June 30*

DUE DATE

- *October 31*
- *January 31*
- *April 30*
- *July 30*

- Retroactive: July 1, 2019 - June 31, 2027
- Awarded applicants must complete a review from State Historic Preservation Office before beginning work on any projects, if building is over 50 years old.



Budget Adjustments

- Awardees are permitted to reallocate funding between line items, with approval from DEMHS.
- Money can only be reallocated to projects included in the original application.
- A revised budget tool will have to be submitted showing the adjustments. If an awardee was awarded funds for multiple facilities, they may also reallocate funds between awarded facilities.
- Please reach out to the NSGP program manager to initiate this process before you move funds.



Examples of allowable projects:

- Surveillance cameras *NDAA*
 - follows federal guidelines prohibiting use of funds to pay for cameras manufactured in China or by Chinese owned companies
- Solid core doors
- Computer-controlled electronic locks
- Panic alarms
- Ballistic glass/protective film
- Double door access
- Lock enhancements
- Fencing (min 6ft high)
- Bollards installed
- Window shades/blinds
- Exterior security lighting
- Emergency text notification systems
- Wi-Fi improvements to support cameras
- Fees for **one year** (initial set up) for subscriptions or licensing
- Scan card/access control systems
- Metal detectors

CT-NSGP Ineligible Projects



- Fire alarms, or safety related equipment.
 - No fire escape maps, no sprinkler systems, smoke detectors, first aid-kits, signage
- Maintenance and administration is not allowable under state funding
- Contracted security personnel is **not** allowable under state funding
- Non-vendor provided training
 - Active shooter training, CPR/First Aid training, medical kits, self-defense, cyber-security
- Operational costs
 - Salary for security director, office supplies, lease/rent payments



Agency Vendor and W-9 Forms

Fill-in Forms Information for the SP-26NB and W-9 Forms

Overview

There is no verification of the information you enter. You are responsible for entering all information. Some information must be handwritten on the form.

Software Requirements

To view, complete and print the following fill-in PDF forms, you will need the freely available [Adobe Reader](#) software installed on your computer.

Adobe Reader

Adobe PDF files are a means to distribute publications and other information. To fill-in, download and print a PDF file, you will need to have the Adobe Reader software installed. You can download the latest version of Adobe Reader FREE from the [Adobe Reader download page](#) on Adobe's Web site.



Completing the form on your PC

When positioning the cursor on a fill-in area, the cursor will change appearance.

The I-beam pointer allows you to type text.

The hand pointer allows you to select a check box or button. Enter the appropriate data in each box or field.

To move from one field to the next, press the Tab key.

You can also use your mouse to move your cursor from field to field. Place your cursor in the field you want to fill in, then left-click.

Some fields limit the maximum number of characters you can enter and may automatically advance to the next field.

For additional help with fill-in forms, see the Adobe Reader's on-line help information at: <http://www.adobe.com/support/reader/>

Saving a Form

When saving a file, be sure to use the Save function of Adobe Reader rather than the web browser's save.

Printing a Form

When printing Adobe PDF files from within your web browser, whether you are printing a blank form or printing a form after filling it in from your PC, use the print button at the left end of the special Adobe Acrobat tool bar, which appears immediately above the viewing window.

THIS PAGE IS FOR INFORMATION ONLY AND DOES NOT NEED TO BE PRINTED NOR SUBMITTED WITH THE FOLLOWING FORMS.



ACH Payment (Electronic Payment)

INSTRUCTIONS FOR REQUESTING PAYMENTS ELECTRONICALLY

1. Voided check, or
2. Preprinted deposit slip, or
3. Bank ACH setup letter, or
4. Corporate Remittance Memo

Thank you for your interest in the Comptroller's Vendor Direct Deposit (ACH) Program. Attached please find the Vendor Direct Deposit (ACH) Election Form for companies.

Please provide a completed Form W-9 (Request for Taxpayer Identification Number and Certification). This is a federal form that certifies the Taxpayer Identification Number (Federal Employer Identification Number or Social Security Number). This form allows us to make sure the information recorded in our Vendor File is current. You may access a fillable version of the form at www.irs.gov/pub/irs-pdf/fw9.pdf.

If the account type is a checking account, attach a voided check to the Vendor Direct Deposit (ACH) Election form. For accounts which you do not write checks from please include a letter from your bank which shows the ABA routing number, account number, and the name(s) on the account.

Keep a copy of the Vendor Direct Deposit (ACH) Election Form for your records. You must inform the ACH/VSS Unit of any changes to the information provided in writing to the below address or by email to osc.apdvf@ct.gov. Please return completed forms to:

**Office of the State Comptroller
Accounts Payable Division ACH/VSS Unit
165 Capitol Avenue 3rd Floor
Hartford, CT 06106-1775**

If you choose to participate in this program:

- Altered forms will not be accepted. You must submit a signed copy of this form along with a signed W-9 and one form of account verification (Voided Check, Deposit Slip, Bank Letter).
- Upon approval, **all** vendor payments to you from the State of Connecticut that are issued by the Office of the State Comptroller Accounts Payable Division will be deposited electronically to the bank account you designate.
- Remittance information may be viewed by accessing our accounting system through Vendor Self-Serve (VSS). Please visit our website at www.osc.ct.gov/vendor for information on the VSS system. When we receive your completed Vendor Direct Deposit (ACH) Election Form we will contact you regarding a User ID and password for VSS. Additionally, your financial institution may provide you with addenda information at the time of deposit. Contact your financial institution for more information on receiving electronic addenda.
- Your financial institution's ability to receive payments from us and properly credit your account will be verified with the transmission of a test transaction to your account. Further instructions will be sent to the contact email you list in the form's VSS field. They will describe how to validate your ACH (EFT) test transaction. Failure to follow these instructions may delay your participation in this program. Once you have confirmed receipt of all test data, including accessing the remittance information in VSS, please contact the ACH/VSS Unit at (860) 702-3397 or by email at osc.apdvf@ct.gov.
- Changes to your bank account information can only be authorized by the individuals listed on the Vendor Direct Deposit (ACH) Election Form. To request changes to the authorized individuals please contact the ACH/VSS Unit at osc.apdvf@ct.gov.
- To process a change to your destination account number or financial institution you will need to submit another application package with the new information. Changes can take up to a week from the receipt of the form. To stop payment to a closed account immediately contact the ACH/VSS Unit by email at osc.apdvf@ct.gov.
- When contacting us by email, always include ACH(EFT) in the subject line.

Thank you for your interest in this program.

SHPO FORM



Department of Economic and Community Development
State Historic Preservation Office

450 Columbus Boulevard, Suite 5 | Hartford, CT 06103 | 860.500.2300 | ct.gov/historic-preservation

PROJECT REVIEW COVER FORM

This is: a new submittal supplemental information other Date Submitted: _____

PROJECT INFORMATION

Project Name: _____

Project Proponent: _____
The individual or group sponsoring, organizing, or proposing the project.

Project Street Address: _____
Include street number, street name, and or Route Number. If no street address exists give closest intersection.

City or Town: _____ County: _____
Please use the municipality name and not the village or hamlet.

PROJECT DESCRIPTION (REQUIRED)

Please summarize the project below. In a separate attachment, describe the project in detail. As applicable, provide any information regarding past land use, project area size, renovation plans, demolitions, and/or new construction.

List all state and federal agencies involved in the project and indicate the funding, permit, license or approval program pertaining to the proposed project:

Agency Type	Agency Name	Program Name
<input type="checkbox"/> State <input type="checkbox"/> Federal		
<input type="checkbox"/> State <input type="checkbox"/> Federal		
<input type="checkbox"/> State <input type="checkbox"/> Federal		
<input type="checkbox"/> State <input type="checkbox"/> Federal		

If there is no state or federal agency involvement, please state the reason for your review request:

FOR SHPO USE ONLY

Based on the information submitted to our office for the above named property and project, it is the opinion of the Connecticut State Historic Preservation Office that no historic properties will be affected by the proposed activities.*

Jonathan Kinney
Deputy State Historic Preservation Officer

Date

*All other determinations of effect will result in a formal letter from this office



Department of Economic and Community Development
State Historic Preservation Office

450 Columbus Boulevard, Suite 5 | Hartford, CT 06103 | 860.500.2300 | DECD.org

PROJECT REVIEW COVER FORM

CULTURAL RESOURCES IDENTIFICATION

Background research for previously identified historic properties within a project area may be undertaken at the SHPO's office. To schedule an appointment, please contact Catherine Labadia, 860-500-2329 or Catherine.labadia@ct.gov. Some applicants may find it advantageous to hire a qualified historic preservation professional to complete the identification and evaluation of historic properties.

Are there any historic properties listed on the State or National Register of Historic Places within the project area? (Select one)

Yes No Do Not Know If yes, please identify: _____

Architecture

Are there any buildings, structures, or objects within the Area of Potential Effects (houses, bridges, barns, walls, etc.)? The area of potential effects means the geographic area or areas within which an undertaking may directly or indirectly cause alterations in the character or use of historic properties. If you're not sure, check "I don't know."

Yes (attach clearly labeled photographs of each resource and applicable property cards from the municipality assessor)

No (proceed to next section)

I don't know (proceed to next section)

Date the existing building/structures/objects were constructed: _____

If the project involves rehabilitation, demolition, or alterations to existing buildings older than 50 years, provide a work plan (If window replacements are proposed, provide representative photographs of existing windows).

Archeology

Does the proposed project involve ground disturbing activities?

Yes (provide below or attach a description of current and prior land use and disturbances. Attach an excerpt of the soil survey map for the project area. These can be created for free at: <http://websoilsurvey.nrcs.usda.gov>)

No

CHECKLIST (Did you attach the following information?)

Required for all Projects	Required for Projects with architectural resources
<input type="checkbox"/> Completed Form	<input type="checkbox"/> Work plans for rehabilitation or renovation
<input type="checkbox"/> Map clearly labelled depicting project area	<input type="checkbox"/> Assessor's Property Card
<input type="checkbox"/> Photographs of current site conditions	Required for Projects with ground disturbing activities
<input type="checkbox"/> Site or project plans for new construction	<input type="checkbox"/> Soil survey map
Suggested Attachments, as needed	
<input type="checkbox"/> Supporting documents needed to explain project	<input type="checkbox"/> Supporting documents identifying historic properties
<input type="checkbox"/> Historic maps or aerials (available at http://magic.lib.uconn.edu or https://www.historicaerials.com/)	

PROJECT CONTACT

Name: _____ Firm/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Federal and state laws exist to ensure that agencies, or their designated applicants, consider the impacts of their projects on historic resources. At a minimum, submission of this completed form with its attachments constitutes a request for review by the Connecticut SHPO. The responsibility for preparing documentation, including the identification of historic properties and the assessment of potential effects resulting from the project, rests with the federal or state agency, or its designated applicant. The role of SHPO is to review, comment, and consult. SHPO's ability to complete a timely project review largely depends on the quality of the materials submitted. **Please mail the completed form with all attachments to the attention of: Environmental Review, State Historic Preservation Office, 450 Columbus Boulevard, Suite 5, Hartford, CT. Electronic submissions are not accepted at this time.**

References

- Website:
 - <https://portal.ct.gov/DEMHS/Grants/Nonprofit-Security-Grant-Program>
- FAQ's
 - <https://portal.ct.gov/-/media/demhs/docs/nsgp-website/connecticut-nsgp/2024-ct-nsgp-faq.pdf>
- Email:
 - DEMHS.CT-NSGP@ct.gov

