



**State of Connecticut  
Department of Emergency Services and Public Protection  
Municipal Grant Program**



**Grantee Point of Contact and  
Administrative Plan Approval Form**

As the Grantee's Chief Executive, I authorize the following individuals to deal directly with the Department of Emergency Services and Public Protection for their related areas on behalf of the (Grantee)\_\_\_\_\_ for \_\_\_\_\_ (Project Description) Project #\_\_\_\_\_. I understand I will be copied on all correspondence. Additionally, my signature on this form approves the submission of this grant administrative plan to DESPP.

Contact Information	Grantee CEO	Project Contact	Financial Contact*
Name			
Title			
Agency			
Address			
Telephone			
Fax			
Email			

\_\_\_\_\_  
(Signature of Grantee CEO)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name, Title)

*\* The Financial Contact must be the Grantee's Chief Fiscal Officer and cannot be the individual indicated as the Project Contact or the Grantee CEO.*