



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.*