



Division of Statewide Emergency Telecommunications (DSET) Annual Reporting Form

**For emergency communications centers receiving subsidy under Sec. 28-24-3
of the State of CT Regulations**

Name of Grant Recipient (City/Regional/Multi):

Name of Individual Completing this Form:

Phone Number:

Signature: _____ Date:

Annual Report* for the period: ☐ July 1, 20 June 30, 20

***(*Annual Reports are due to DSET no later than January 31st of the
current fiscal year.)***

Attach the following:

- ☐ Proposed Annual Operating Budget for the fiscal year starting the following July 1st, specific to emergency communications;
- ☐ Attachment A, listing type and amount of expenditures;
Expenditures of state funds during the previous fiscal year ending June 30, provided under Sections 28-24-1 to 28-24-11, inclusive, of the Regulations of Connecticut State Agencies;
- ☐ Attachment B, listing date, type and number of E 9-1-1 failures;

Attachment A: Use of E9-1-1 Funds

Organization Name:	
Contact Person / Title:	
Address:	
Phone:	
Email Address:	
Amount Used:	

How funds were used this past year? (Please check the all that apply)			
	<input checked="" type="checkbox"/>	List / Describe	Amount
Salaries			
Training			
General Operations			
Special Projects			
Other			

Amount Total:

NOTE: Funds must be expended every quarter and shall not be carried forward. New monies cannot be issued to you if you are not expending your funding.

Supporting data and invoices, such as actual disbursements, costs, and items which have been funded under this grant, must be included with this cover page.

Cwcej o gpv'D<Documentation of 9-1-1 Failures

Annual Report for following period: July 1, 20 _____ to June 30, 20 _____

Name of City/Regional (Subsidy Recipient): _____

Date	Type of Failure	Length of Failure
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Total Number of Failures for Fiscal Year: _____