



**STATE OF CONNECTICUT
DEPARTMENT OF
EMERGENCY MANAGEMENT & HOMELAND SECURITY**



**FFY2006 STATE HOMELAND SECURITY GRANT PROGRAM
POINT OF CONTACT INFORMATION**

It is MANDATORY that this form is filled out in order to insure the Department of Emergency Management & Homeland Security (DEMHS) has the most up-to-date contact information for your jurisdiction. It is the responsibility of the jurisdiction to notify DEMHS of any changes.

The City/Town of _____ has designated the following person as its Point of Contact to coordinate all efforts related to the FFY2006 Homeland Security Grant Program

NAME & TITLE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

ADDRESS: _____

CITY/ST/ZIP _____

CHIEF ELECTED OFFICIAL CONTACT INFORMATION

Please provide contact information for the person authorized to sign any Memoranda of Agreement, grant award notices, and related Homeland Security Grant Program documents (i.e. Mayor, First Selectman, or Town Manager).

NAME & TITLE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

ADDRESS: _____

CITY/ST/ZIP _____

Signature indicates review and approval of the contents of this form.

(CEO of Municipality)

(Date)

Please send this completed form to:
Department of Emergency Management & Homeland Security
Attn: Strategic Planning & Grant Administration
25 Sigourney Street, 6th Floor
Hartford, CT 06106
Phone: 860-256-0900 Fax: 860-256-0915