

Division of Statewide Emergency Telecommunications 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 following period: July 1, 200_ June 30, 20__
*(*Annual Reports are due to OSET no later than January 31, 20__.)*

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	<input type="checkbox"/>		
Training	<input type="checkbox"/>		
General Operations	<input type="checkbox"/>		
Special Projects	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

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.

