



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
MUNICIPAL GRANT PROGRAM**



DESIGNATION/CHANGE OF GRANTEE POINT OF CONTACT

As the Grantee's Chief Executive, I authorize the following individuals to deal directly with the Department of Public Safety for their related areas on behalf of the (Grantee)

_____ for _____

(Project Description) Project #: _____. I understand I will be copied on all correspondence.

| Contact Information | Project Contact | Financial Contact* |
|---------------------|-----------------|--------------------|
| Name | | |
| Title | | |
| Agency | | |
| Address | | |
| | | |
| | | |
| Telephone | | |
| Fax | | |
| E:Mail | | |

(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.