



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



GRANTEE POINT OF CONTACT AND ADMINISTRATIVE PLAN APPROVAL

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.