

**OJJDP FY 2024 Title II  
Contact Information for States**  
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Submit as File Name "FY 24 (State) Contact Information"

**Juvenile Justice Specialist Name:**

Title:

Mailing Address:

Phone Number:

Email Address:

**Designated State Agency Director Name:**

Title:

Mailing Address:

Phone Number:

Email Address:

**State Advisory Group Chair Name:**

Title:

Mailing Address:

Phone Number:

Email Address:

**Compliance Monitor Name:**

Title:

Mailing Address:

Phone Number:

Email Address:

**R/ED Coordinator Name:**

Title:

Mailing Address:

Phone Number:

Email Address:

**Fiscal Point of Contact:**

Title:

Mailing Address:

Phone Number:

Email Address: