

OJJDP FY 2020 Title II
Contact Information for States and Territories
(Submit in [GMS](#) as part of Category 2)

Submit as File Name “ _____(State) Contact Information”

Juvenile Justice Specialist Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

State Planning 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: _____

RED Coordinator Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Fiscal Point of Contact: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____