

OJJDP FY 2019 Title II
Contact Information for States and Territories
(Submit in [GMS](#) as part of Category 2 – OJJDP-2019-14924)

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:

DMC Coordinator Name:

Title:

Mailing Address:

Phone Number:

Email Address:

Fiscal Point of Contact:

Title:

Mailing Address:

Phone Number:

Email Address: