



OVW Recovery Act STOP Violence Against Women Formula Grant Program 2009-X2239-CT-EF



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* Is the applicant delinquent on any federal debt	No
* Employer Identification Number (EIN)	06-6000798
* Type of Applicant	State
Type of Applicant (other):	
* Organizational Unit	Policy Development and Planning Division
* Legal Name (Legal Jurisdiction Name)	Connecticut Office of Policy and Management
* Vendor Address 1	450 Capitol Avenue
Vendor Address 2	MS #52CPD
* Vendor City	Hartford
Vendor County/Parish	
* Vendor State	Connecticut
* Vendor ZIP	06106-1308
Contact information for matters involving this application	
Contact Prefix:	Ms.
Contact Prefix (Other):	
Contact First Name:	Lisa
Contact Middle Initial:	
Contact Last Name:	Secondo
Contact Suffix:	

Contact Suffix (Other):	
Contact Title:	Policy and Program Manager
Contact Address Line 1:	450 Capitol Avenue
Contact Address Line 2:	MS #52CPD
Contact City:	Hartford
Contact State:	Connecticut
Contact Zip Code:	06106-1308
Contact Phone Number:	(860) 418-6391
Contact Fax Number:	(860) 418-6496
Contact E-mail Address:	lisa.secondo@ct.gov