



**State of Mississippi
State and Local Cybersecurity Grant Program
Interest Survey Form
Batch 2**



_____ (“Local Governmental Entity”), located
at _____ (Physical Address)

_____ **IS NOT** interested in participating in the State and Local Cybersecurity Grant Program; or

_____ **IS** interested in participating in the State and Local Cybersecurity Grant Program Grant Program (SLCGP) for Fiscal Years (FY) 2022-2024, Funding Opportunity: EMW-2022-CY-00005-SO1; EMW-2023-CY-00002-SO1; EMW-2024-CY-0509 and subsequent grant awards, as authorized by Section 2220A of the Homeland Security Act of 2022, as amended (Pub. L. No. 107-296) (6 U.S.C. §665g):

Organization Type: _____

Point of Contact: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Is your organization interested in services/solutions procured, managed, and deployed by the state providing support to local government jurisdictions: _____ YES _____ NO.

Signed, on _____ (day), _____ (month) _____ (year),

in _____ County, Mississippi.

(Signature)

(Printed Name)

(Title)