



STATE OF CONNECTICUT

**GOVERNOR DANIEL P. MALLOY**

**Governor's Cabinet on Nonprofit Health and Human Services**

WORKGROUP SELECTION FORM

*CONTRACT PROCUREMENT AND ADMINISTRATION*

*JOBS WORKGROUP*

*POPULATION RESULTS WORKGROUP*

Please indicate, in order of preference, the group on which you would volunteer, as either Chair or a participant.

Please return the form to Meg via email – [meg.riding@ct.gov](mailto:meg.riding@ct.gov) by January 4, 2013.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone/Fax Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Description and charges of the individual work groups are attached.