P.O. Box 53365 Oklahoma City, OK 73152 (405) 425-7296 Office (405) 425-7295 Fax https://oklahoma.gov/homaland-security.html

State and Local Cybersecurity Grant Close-Out Report

 INSTRUCTIONS: ➤ Email this completed form to OKOHS at hsgrants@okohs.ok.gov within 30 days of the final reimbursement submission. ➤ Submit separate close-out reports for each OKOHS award. 						
Entity Name:						
Award Number:	State Cyber Plan Objective Nu	umber: Project Number:				
Grant Purpose:						
	ty initiatives undertaken during the period and their effectiveness in mitigating cyber t	d of performance, detailing the specific technical threats:				
		s encountered and successfully mitigated throughout they may have had on your systems or operations:				
during and after the imp	ementation of your product. Specify the n	security posture of your systems and infrastructure number and types of assessments performed (e.g., dings and remediation actions taken as a result:				

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	> If possible, detail the training initiatives undertaken to enhance the cybersecurity awareness and proficiency of personnel. Specify the number of individuals trained and categorize the training programs conducted (e.g., security awareness training, incident response drills) along with their impact on organizational resilience:					
		are to bolster defense mechanism		w these assets are integrated within your ific technologies deployed and the role		
Clos	se-out Report signed by:					
Тур	pe/Print Signor Name & Title:			Date:		
Ema	ail:			Phone Number:		
Sig	nor Certifies: Legal authorization to subm Compliance with all laws, re application and guidance do		tifications, and other			
Sig	nor Certifies: Legal authorization to subm Compliance with all laws, re application and guidance do	egulations, statutes, assurances, certocuments.	tifications, and other	ment entity.		
Sig	nor Certifies: Legal authorization to subm Compliance with all laws, re application and guidance do All submitted data is true an	egulations, statutes, assurances, certocuments.	ifications, and other knowledge.	ment entity. requirements contained in the sub-grant		
Sig	nor Certifies: Legal authorization to subm Compliance with all laws, re application and guidance do All submitted data is true an Com Authorizing Official (ie. th	egulations, statutes, assurances, certocuments. and correct to the best of signatory's	ifications, and other knowledge.	ment entity. requirements contained in the sub-grant		

Email:

Email: