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

## **Nonprofit Security Grant Program Close-Out Report**

<ul> <li>INSTRUCTIONS:</li> <li>➤ Email this completed form to OKOHS at <a href="https://hsgrants@okohs.ok.gov">hsgrants@okohs.ok.gov</a> within 30 days of the final reimbursement submission.</li> <li>➤ Submit separate close-out reports for <a href="mailto:each">each</a> OKOHS award</li> </ul>
Entity Name:
Award Number:
Project Description:
Describe here this great way have addressed the threat of attacks the antity force.
> Describe how this grant may have addressed the threat of attacks the entity faces:
> Provide a comprehensive overview of how this grant may have hardened the entity's vulnerability to destruction, incapacitation, or exploitation by terrorist or other extremist attacks:
Elaborate on how this grant mitigated the potential consequences an extremist attack would have on the entity:

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-					
➤ If applicable, how has the	e grant purchased equipment help	mitigate potential incidents:			
			<u> </u>		
> Describe how the entity was able to leverage the grant budget to fill the gaps addressed in the risk assessment:					
<u> </u>					
Close-out Report signed by:					
Type/Print Signor Name & Title:			Date:		
Email:			Phone Number:		
Signor Certifies:					
<ul> <li>Legal authorization to submit quarterly status reports on behalf of the named government entity.</li> <li>Compliance with all laws, regulations, statutes, assurances, certifications, and other requirements contained in the sub-grant</li> </ul>					
<ul> <li>application and guidance documents.</li> <li>All submitted data is true and correct to the best of signatory's knowledge.</li> </ul>					
All subilitied data is true and correct to the best of signatory's knowledge.					
	Complete the below section if any change in administration has taken place.				
Com			ch place.		
<u>Con</u>					
Authorizing Official (ie. the	e Mayor/City Manager/County	Primary Contact	(Authorized Official(s))		
Authorizing Official (ie. the		Primary Contact Name/Title:			

Email:

Email: