P.O. Box 53004 Oklahoma City, OK 73152 Office (405) 425-7296 homelandsecurity.ok.gov

## **Homeland 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 how this great in arranged your ability to respond to torreasign or other retestrophic events.
> Describe how this grant increased your ability to respond to terrorism or other catastrophic events:
> Provide an overview of how this grant has helped prevent a threat or an actual act of terrorism:
> Elaborate on how this grant mitigated the potential consequences a catastrophic event:

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> How have the for human needs at		saving lives, protecting propert	y and the environment, and meeting basic
·			
> Describe how th	ne entity was able to leverage	the grant budget to fill agency g	aps:
Close-out Report signed	by:		
Гуре/Print Signor Name	& Title:		Date:
Email:			Phone Number:
Compliance with a application and gu			nment entity. requirements contained in the sub-grant
All Subillitied data	18 true and correct to the ocsic	of signatory's knowledge.	
	Complete the below sect	ion if any change in administrati	on has taken place.
Authorizing Office	ial (ie. the Mayor/City Mana Commissioner)	ger/County Primar	y Contact (Authorized Official(s))
Name/Title:	Commissioner j	Name/Title:	
Геlephone:	Fax:	Telephone:	Fax:
Fmail:		Emaile	