



Oklahoma Office of Homeland Security Extension Request Form

Organization Name: _____

Date of Request: _____

Original Period of Performance: _____

Proposed Period of Performance Extension: _____

Request By: _____

Award Number: _____

Extension Request Narrative:

Sub-Recipient Contact Signature

Date

Request Status:

Approved		Denied	
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Approved Period of Performance: _____

Amendment Request Number: _____

OKOHS Grant Staff Comments: _____

OKOHS Grant Staff Signature

Date