

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

QUARTERLY STATUS REPORT

| OKOHS Award # Dollar Amount of this Award \$(A) Total Dollar Amount of this Award spent or encumbered (binding contract to purchase in effect) as of the end of the current quarter: \$ Dollar Amount you have Requested from OKOHS as of end of current quarter: \$(B) Dollar Amount Not yet requested as of end of current quarter: \$(A-B) Dollar Amount Being Released to OKOHS \$(A-B) | NSTRUCTIONS: |
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| will be used to harden critical infrastru | of this award through the end of the current quarter (for example, if your funds ucture sites, how many sites will be hardened, how many have been hardened is complete as of the end of the current quarter): |
| > List any issues that currently prevent t | the expenditure of any portion of this OKOHS grant award: |
| | KOHS grant award been lost, destroyed, or otherwise disposed of? Yes No attach a completed Equipment Disposition Form (available on the OKOHS |
| > Other comments, if any: | |



Environmental Historic Preservation:

➤ Will any equipment be installed? YES___NO___

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| > If No: Skip to signature section. | | | | | |
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| > If Yes: Have you received an EHP form from OKOHS to complete? YESNO | | | | | |
| > Have you taken pictures of where all the equipment will be installed (interior and exterior)? YESNO | | | | | |
| > Have you submitted the pictures and EHP form back to OKOHS? YESNO | | | | | |
| > Have you received approv EHP? YESNO | val from OKOHS/FEMA to procee | ed with the installation of the | equipment requested in the | | |
| > Describe any delays in submitting the EHP form and pictures: | | | | | |
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| | | | | | |
| Quarterly Status Report signed by: | | | | | |
| Type/Print Signor Name & Title: | | I | Date: | | |
| | | | | | |
| Email: | | I | Phone Number: | | |
| Signor Certifies: | | | | | |
| Legal authorization to submit quarterly status reports on behalf of the named government entity. Compliance with all laws, regulations, statutes, assurances, certifications, and other requirements contained in the sub-grant | | | | | |
| > Compliance with all laws, re | egulations, statutes, assurances, certi | | | | |
| Compliance with all laws, reapplication and guidance do | egulations, statutes, assurances, certi | fications, and other requiremen | | | |
| Compliance with all laws, reapplication and guidance do All submitted data is true an | egulations, statutes, assurances, certicuments. ad correct to the best of signatory's k | fications, and other requirement mowledge. | ts contained in the sub-grant | | |
| Compliance with all laws, reapplication and guidance do All submitted data is true an | egulations, statutes, assurances, certificuments. Indicorrect to the best of signatory's kase on if any change in administration | fications, and other requirement inowledge. has taken place, if completed | ts contained in the sub-grant | | |
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| ➤ Compliance with all laws, reapplication and guidance do ➤ All submitted data is true an Complete the below section Authorizing Official (ie. the | egulations, statutes, assurances, certicuments. Indicate the destroined correct to the best of signatory's keep on if any change in administration Authorization for | mowledge. has taken place, if completed orm to OKOHS. | ts contained in the sub-grant l also submit a new Signature | | |
| ➤ Compliance with all laws, reapplication and guidance do ➤ All submitted data is true an Complete the below section Authorizing Official (ie. the Complete the Complete the Complete the Complete the Complete the Comp | egulations, statutes, assurances, certicuments. ad correct to the best of signatory's k on if any change in administration Authorization for | the fications, and other requirement the fications, and other requirement the first th | ts contained in the sub-grant l also submit a new Signature | | |
| ➤ Compliance with all laws, reapplication and guidance do ➤ All submitted data is true an Complete the below section Authorizing Official (ie. the Complete th | egulations, statutes, assurances, certicuments. ad correct to the best of signatory's k on if any change in administration Authorization for e Mayor/City Manager/County missioner) | has taken place, if completed orm to OKOHS. Primary Contact Name/Title: | ts contained in the sub-grant l also submit a new Signature (Authorized Official(s)) | | |