

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

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)	INSTRUCTIONS: Email this completed form to OKOHS at hsgrants@okohs.ok.gov within 15 days of the end of each calendar quarter. Submit separate quarterly status reports for each OKOHS award. NSGP sub-recipients submit a canceled check or credit card receipt for each item purchased if not included with your reimbursement request submissions. Submit a "Final Report", "Inventory" and "Close-Out Report" after your entire award has been reimbursed by OKOHS. If more space is needed, please attach additional pages. ONLY FILL OUT THE AUTHORIZED OFFICIAL/PRIMARY CONTACT INFORMATION IF THIS HAS CHANGED SINCE THE LAST QUARTERLY STATUS REPORT. If you update your contact information, please submit a revised Signature Authorization Form. Entity Name:			
Dollar Amount Being Released to				
Inventory sent with Final Report YES NO				
Describe grant progress from receipt of this award through the end of the current quarter (for example, if your funds will be used to harden critical infrastructure sites, how many sites will be hardened, how many have been hardened and what percentage of each project is complete as of the end of the current quarter):				
List any issues that currently prevent the expenditure of any portion of this OKOHS grant award:				
Have any items purchased with this OKOHS grant award been lost, destroyed, or otherwise disposed of? Yes No If yes, please explain below and attach a completed Equipment Disposition Form (available on the OKOHS website):				



➤ Will any equipment be installed on a building or ground? YES___NO___

Environmental Historic Preservation:

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F If No: Skip to signature se	ection.			
> 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 approval from OKOHS/FEMA to proceed with the installation of the equipment requested in the EHP? YESNO				
> Describe any delays in submitting the EHP form and pictures:				
Quarterly Status Report signed by:				
Type/Print Sign Name & Title:		1	Date:	
Email:		1	Phone Number:	
 Signer 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 application and guidance documents. All submitted data is true and correct to the best of signatory's knowledge. 				
Complete the below section if any change in administration has taken place, if completed also submit a new Signature Authorization form to OKOHS.				
Authorizing Official (ie. the Mayor/City Manager/County		Primary Contact (Authorized Official(s))		
Commissioner) Name/Title:		Name/Title:		
Telephone:	Fax:	Telephone:	Fax:	
Email:		Email:		