

# Oklahoma Office of Homeland Security

P.O. Box 11415, Oklahoma City, OK 73136-0415 (405) 425-7296 Office (405) 425-7295 Fax  
www.youroklahoma.com/okohs

## 2004 STATE HOMELAND SECURITY PROGRAM (SHSP) SUB-GRANTEE APPLICATION

*For OKOHS Use Only*

OKOHS Application ID:  
**SHSP04-**

CFDA #

Approval Date:

Dollar Amount Awarded:  
\$

**INSTRUCTIONS**

- Complete the following application in its entirety
- Submit to OKOHS either by mail or fax by **May 21, 2004**

**Applicants must meet the following criteria for consideration:**

- The authorized official must provide an original signature on the completed application
- Sub-grantees must adhere to all OKOHS grant application and award requirements
- Sub-grantees must adhere to all local, state and federal regulations

Entity Name

Complete Address	Date	Employer ID #
	County	Region

*These funds are available to all local and tribal governments. Applicants can apply for funds in one or more of the following categories. Please check all appropriate boxes.*

<input type="checkbox"/> Interoperable Communications System	▪ Recipients are required to submit a Memorandum of Understanding and other necessary documentation to participate in the system.
<input type="checkbox"/> Regional Response Trailers	▪ Applicants are expressing their intent to <i>continue</i> participation in the regional trailer system.
<input type="checkbox"/> Response Equipment	▪ Applicants should submit a Budget Detail Worksheet listing the types of equipment to be purchased. **
<input type="checkbox"/> Tribal Collaboration	▪ Tribal Governments should identify local governments with whom they are coordinating and briefly describe the plan in an attached document. ▪ A Budget Detail Worksheet listing types of equipment to be purchased should be attached.

\*\* Personal Protective Equipment; Enhancing existing FBI certified Bomb Squads; CBRNE Search and Rescue Equipment; Detection Equipment; Decontamination Equipment; Logistical Support Equipment; Medical Supplies; Agricultural Terrorism Prevention, Response, and Mitigation Equipment

Authorized Official Information (Person authorized to obligate resources)		Applicant Primary Contact Information	
Name		Name	
Title		Title	
Telephone	Fax	Telephone	Fax
Email		Email	
Signature	Date	Signature	Date

**Authorized Official Certifies:**

- Legal authorization to submit and accept grants 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.