



**STATE OF OKLAHOMA  
OFFICE OF HOMELAND SECURITY**

P.O. Box 11415  
Oklahoma City, OK 73136  
(405) 425-7296 (405) 425-7295 fax  
www.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:**

- Fax, mail or email this completed form to OKOHS within 15 days of the end of each calendar **quarter**.
- Submit separate quarterly status reports for **each** OKOHS award.
- Submit a "**Final 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.**

<b>Entity Name:</b>		
<b>Complete Address (only if changed from last report)</b>	<b>Final Report:</b> YES ___ NO ___	<b>Quarter Ended:</b>
<b>Grant Purpose (i.e. equipment, response trailer, critical infrastructure, etc.)</b>		

➤ **Describe grant activity during the past quarter:**

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➤ **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):**

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➤ **List any issues that currently prevent the expenditure of any portion of this OKOHS grant award:**

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➤ **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):**

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➤ **Other comments, if any:**

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## Training and Exercises:

- How many paid/volunteer personnel in your jurisdiction are involved with emergency planning, response or support?  
\_\_\_\_\_
- How many of these individuals have completed the following:
  - (a) IS-700 Introduction to NIMS Course \_\_\_\_\_
  - (b) ICS 100 Introduction to Incident Command Systems? \_\_\_\_\_
- How many paid/volunteer personnel in your jurisdiction may act in a supervisory capacity during an emergency?  
\_\_\_\_\_
- How many of these potential supervisors have completed the ICS 200 course? \_\_\_\_\_
- List any Training needs not described above:  
\_\_\_\_\_  
\_\_\_\_\_
- Describe any emergency preparedness exercises undertaken by your jurisdiction during the current quarter:  
\_\_\_\_\_  
\_\_\_\_\_
- Describe any emergency preparedness exercises currently in the planning phase and the expected exercise date:  
\_\_\_\_\_  
\_\_\_\_\_
- Describe any current training or exercise assistance needed:  
\_\_\_\_\_  
\_\_\_\_\_

Quarterly Status Report signed by:

Type/Print Signor Name & Title:	Date:

**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 application and guidance documents.
- All submitted data is true and correct to the best of signatory's knowledge.

<b><u>Authorizing Official (ie. the Mayor/City Manager/County Commissioner)</u></b>		<b><u>Primary Contact (Authorized Official(s))</u></b>	
Name/Title:		Name/Title:	
Telephone:	Fax:	Telephone:	Fax:
Email:		Email:	