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| **EMSD Closeout Form** |
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| Contract Agreement Number: |
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| Grant Award: |
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| Award Type: |
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| Contract Expiration Date: |
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| Agency: |
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| Service Area: |
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| Agency Address: |
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| Scope: |
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| **EMSD RELATED WORK WAS SATISFACTORILY COMPLETED ON** |

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|  | Date |

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| **EMSD CLOSEOUT ACCEPTANCE IS RECOMMENDED – in accordance with the Quarterly and Final Report forms submitted by Agency, forms made available on the program’s webpage.** |
|  |  |  |
| Signature, OCTA Implementation Manager | Printed Name | Recommendation Date |

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| **CLOSEOUT IS ACCEPTED WITH THE ABOVE RECOMMENDATION** |
|  |  |  |
| Date |  | Signature, OCTA Overseeing Manager |