|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMSD Closeout Form** | | | | |
| |  |  | | --- | --- | | Contract Agreement Number: | | | **C –** |  | | |  |  | | --- | --- | | Grant Award: | | | **$** |  | | | |  | | --- | | Award Type: | |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Contract Expiration Date: | | | | | |  | / |  | / |  | |
| |  | | --- | | Agency: | |  | | | |  | | --- | | Service Area: | |  | | | |
| |  | | --- | | Agency Address: | |  | | | | | |
| |  | | --- | | Scope: | |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **EMSD RELATED WORK WAS SATISFACTORILY COMPLETED ON** | |  | | --- | |  | |
|  | Date |

|  |  |  |
| --- | --- | --- |
| **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 |

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