# Project Extension Request Form

Arizona Department of Homeland Security

| Subrecipient Information | |
|---|---|
| **Subrecipient Agreement Number:** | 230307-01 |
| **Date of Request:** | 12/5/2024 |
| **Agency:** | Pinal County |
| **Point of Contact:** | Courtney Prock |
| **Email:** | courtney.prock@pinal.gov |
| **Phone:** | 520-866-6479 |
| **Original Period of Performance:** | October 1st, 2023 - September 30th, 2024 |
| **Funding Source (i.e. SHSGP/UASI/OPSG/NSGP):** | SHSGP |
| **Award Amount:** | $75,000 |
| **Amount Reimbursed to Date:** | $0.00 |

**Extension Justification**

**1. Provide a detailed justification and explanation for extending the period of performance.**

Pinal County will be asking for an extension due to this being an a presidential election year and Elections working on the upcoming PPE Election, General Election, and Primary Election, we will be looking to have this exercise mid Feb. 2025. Elections has legislative deadlines and they will confilct with an exercise in the period of performance.

**2. What is the new timeline for completion, including all major objectives? Please include specific date(s) and a deliverable for each project objective.**

| Objective | Date |
|---|---|
| **Objective 1:** Planning meeting | **Date:** 1/10/2025 |
| **Objective 2:** Final Planning meeting | **Date:** 2/10/2025 |
| **Objective 3:** Full Scale exercise | **Date:** 2/25/2025 |
| **Objective 4:** Close out of grant | **Date:** 2/28/2025 |

**For AZDOHS Official Use Only**

**Planning Section:**

| Quarterly Report Received: | | |
|---|---|---|
| **Q1: Oct 1 - Dec 31** | ☑ Yes | ☐ No |
| **Q2: Jan 1 - Mar 31** | ☑ Yes | ☐ No |
| **Q3: Apr 1 - Jun 30** | ☑ Yes | ☐ No |
| **Q4: Jul 1 - Sep 30** | ☑ Yes | ☐ No |

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| | |
|---|---|
| **Planner Signature:** | Belinda Torres Date: 12/6/2024 |
| **Assistant Director Signature:** |  Date: 12/6/2024 |
| **AZDOHS Recommendation and/or Comments:** | POP ends 2/28/2025 |
| **Linked to a Modification:** | ☐ Yes ☑ No |
| **Extension Request:** | ☒ Approved ☐ Denied |
| **Amendment Emailed To:** | Courtney Prock Date: 12/6/24 |

**Finance Section:**

| | | |
|---|---|---|
| **RM Update:** | Initials:_____ | Date: _____ |
| **GIMS Update:** | Initials:_____ | Date: _____ |
| **Reimbursement Request Form Sent To:** | | Date: |
| **Finance Signature:** | | Date: |