



Homeland Security Grant Program
Request for Extension

Date:	
Grant Number:	
Agency:	
Sub-Recipient Grant Administrator Name:	
Sub-Recipient Grant Administrator Email:	
Amount of Grant:	

Date of Extension for Grant to be Extended: _____

Please describe why the Agency is requesting extension for the grant referenced above:

Attach a copy of supporting documentation for the change. (Quotes, Bids, Purchase Order, Invoice)
Please return form to MOHS Grants at: mohsgrants@dps.ms.gov