Assessment Agreement

This form can also be found on the HSEM Resource Center under REP:
https://prd.blogs.nh.gov/dos/hsem/?page_id=4685

SCOPE OF SERVICES FOR TOWN/CITY OF _____

SEABROOK STATION ASSESSMENT – CLASS 73 (RSA 107-B)

Scope of Performance:

This reimbursement process is issued in accordance with NH RSA 107-B: 2-4, and all applicable federal and state laws, statutes, rules, regulations, policies, and other governing documents.

Funds may be expended for the purpose of maintaining the community's Radiological Emergency Response Preparedness Program for the Seabrook Station Emergency Planning Zone (EPZ). The period of performance will be state fiscal year (SFY) 2021, from July 1, 2020 through May 30, 2021. (Expenses for Drills, Exercises, and Equipment >$2,500 per item excluded from this agreement.)

Budget:

The total value of this agreement is $8,500.00. Payment will be issued upon receipt and acceptance of adequate documentation of completion of agreement performance requirements.

One-quarter of the awarded flat funding will be distributed upon execution of this agreement and receipt of checklist completion #1. The balance of the flat rate funding will be distributed quarterly thereafter upon satisfactory completion of the checklist activities for each quarter. Quarters will be based upon the State Fiscal Year (July-June).

Reporting:

The Emergency Management Director must complete the activities listed on the ***Emergency Management Director REP Maintenance Checklist*** throughout the fiscal year.

The community agrees that all financial and programmatic records, supporting documents, statistical records, and other records associated with this agreement are required to be retained for a period of seven (7) years, beginning on the first day after the final payment under this agreement, or such longer period as is necessary for the resolution of any litigation, claim, negotiation, audit, or any inquiry involving this agreement.

QUARTER	CERTIFICATION DUE DATE
#1 July 1st-September 30th	**October 15**
#2 October 1st – December 31st	**January 15**
#3 January 1st – March 31st	**April 15**
#4 April 1st – June 30th	**June 1***

* Quarter 4 Certification must be returned by June 1st in order to issue reimbursement in the proper fiscal year.

_____ _____

Signed **Date**