

EPZ Community Assessment Request Form : Entry # 20095
Community Brentwood
Point of Contact Name: Richard Murphy
Point of Contact Phone:
Point of Contact Email: _____
Mailing Address: Brentwood, New Hampshire 03833 United States Map It _____
PART I: Training Plan and Requests
Number of Trainings to be entered 2
Name of Training REP 3: RADEF Officer
Date Anticipated 05/13/2020
Number of Individuals 7
Amount Requested \$500.00
Name of Training REP 2: EOC Operations in REP
Date Anticipated 09/16/2020
Number of Individuals 10
Amount Requested \$850.00
Training Plan & Requests Total \$1,350.00
PART II: Drill and Exercise Participation
Number of Drills and Exercises 1
Name of Activity EOC table top
Date Anticipated

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11/16/2020

Number of Individuals Participating

10

Place of Exercise

Brentwood EOC

Amount Requested for Drill/Exercise

\$850.00

Drill & Exercise Total

\$850.00

Part III: Equipment Requests

List amount of equipment you are requesting

1

Name of Equipment

Lenovo LEGION Y920 Notebook

Use in REP

EOC operations and WEB EOC

Equipment Amount Requested

\$2,500.00

Equipment Total

\$2,500.00

Assessment Request Total Summary

Flat Rate request:

\$8,500.00

Part I: Training request:

\$1,350.00

Part II: Drills & Exercises request:

\$850.00

Part III: Equipment request:

\$2,500.00

Total

\$13,200.00

Please attach your signed Scope of Service Agreement.

- [scope-of-service.pdf](#)

I certify that I am authorized to submit this request form on behalf of the town listed on the first page of the form. I also certify that the Emergency Management Director has reviewed and approved this submission.

- I Certify

Name of Person Submitting Form

Richard Murphy Jr

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Title of Person Submitting Form

Brentwood EMD

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added March 13, 2020 at 10:57 am

WordPress successfully passed the notification email to the sending server.