

New Hampshire Radiological Emergency Response Plan  
FY 2021 Assessment Worksheet – Seabrook Station  
July 1, 2020 through June 30, 2021

Date: March 10, 2020

From: Town of Exeter, NH  
Division of Emergency Management  
20 Court St.  
Exeter, NH 03833

To: Heather Dunkerley, Field Representative  
NH Department of Safety  
Homeland Security & Emergency Management  
33 Haven Drive  
Concord, NH 03305

**Part I Training:**

**Part I - Total \$1,820**

Training: REP 2 Emergency Operations Center (EOC) Operations in REP

20 personnel x \$45.50 hr x 2 hours = \$1,820

**Part II Drill & Exercise Participation:**

**Part II - Total \$4,800**

**Graded Exercise September 29, 2020 participation:**

20 Personnel x \$40.00 x 6 hours = \$4,800

**Part III Purchase of Equipment:**

**Part III - Total \$ 0**

**Planning & Administration:**

**Flat Rate \$8,500**

Reviewing and updating plans and procedures, general supplies, equipment with value less than \$2,500, and quarterly meeting expenses:

Respectfully Submitted,  
Eric Wilking  
Deputy Emergency Management Director

**Approval/Recommendation of request:**

  
Municipal Representative

\_\_\_\_\_  
HSEM Field Representative

**SCOPE OF SERVICES FOR TOWN OF EXETER, NH**  
**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 June 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**

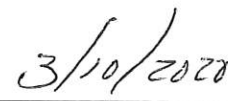
- 1 July 1st-September 30th**
- 2 October 1st – December 31st**
- 3 January 1st – March 31st**
- 4 April 1st – June 30th**

**CERTIFICATION DUE DATE**

- October 15**
- January 15**
- April 15**
- June 1\***

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

  
Signed \_\_\_\_\_  
Deputy EMD

  
Date \_\_\_\_\_