

EPZ Community Assessment Request Form : Entry # 20174**Community**

Greenland

Point of Contact Name:

Dennis Cote

Point of Contact Phone:**Point of Contact Email:****Mailing Address:**

PO Box 100
 11 Town Square, New Hampshire 03840-0100
 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

11/19/2020

Number of Individuals

8

Amount Requested

\$550.00

Name of Training

REP 8: Traffic Management

Date Anticipated

01/14/2021

Number of Individuals

8

Amount Requested

\$550.00

Training Plan & Requests Total

\$1,100.00

PART II: Drill and Exercise Participation**Number of Drills and Exercises**

1

Name of Activity

Evaluated drill Sept 29-30 FY21

Date Anticipated

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09/29/2020

Number of Individuals Participating

12

Place of Exercise

Greenland EOC

Amount Requested for Drill/Exercise

\$1,750.00

Drill & Exercise Total

\$1,750.00

Part III: Equipment Requests

List amount of equipment you are requesting

0

Equipment Total

\$0.00

Assessment Request Total Summary

Flat Rate request:

\$8,500.00

Part I: Training request:

\$1,100.00

Part II: Drills & Exercises request:

\$1,750.00

Part III: Equipment request:

\$0.00

Total

\$11,350.00

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

Dennis Cote

Title of Person Submitting Form

Emergency Management Director

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added March 14, 2020 at 1:27 pm

WordPress successfully passed the notification email to the sending server.