

<b>EPZ Community Assessment Request Form : Entry # 21673</b>
<b>Community</b> Hampton
<b>Point of Contact Name:</b> Richard Sawyer
<b>Point of Contact Phone:</b>
<b>Point of Contact Email:</b> _____
<b>Mailing Address:</b> 100 Brown Avenue Hampton, New Hampshire 03842 United States <a href="#">Map It</a>
<b>PART I: Training Plan and Requests</b>
<b>Number of Trainings to be entered</b> 0
<b>Training Plan &amp; Requests Total</b> \$0.00
<b>PART II: Drill and Exercise Participation</b>
<b>Number of Drills and Exercises</b> 2
<b>Name of Activity</b> CFE #2
<b>Date Anticipated</b> 07/29/2020
<b>Number of Individuals Participating</b> 15
<b>Place of Exercise</b> Hampton EOC
<b>Amount Requested for Drill/Exercise</b> \$4,000.00
<b>Name of Activity</b> Evaluated
<b>Date Anticipated</b> 10/21/2020
<b>Number of Individuals Participating</b> 15
<b>Place of Exercise</b> Hampton EOC
<b>Amount Requested for Drill/Exercise</b>

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\$4,000.00

**Drill & Exercise Total**

\$8,000.00

**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:

\$0.00

Part II: Drills & Exercises request:

\$8,000.00

Part III: Equipment request:

\$0.00

**Total**

\$16,500.00

Please attach your signed Scope of Service Agreement.

- [SOS-Agreement.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 Sawyer

Title of Person Submitting Form

EMD

Email

\_\_\_\_\_

**Notes**



Submission Notification (ID: 54f5c816599b0)

added April 22, 2020 at 11:34 am

WordPress successfully passed the notification email to the sending server.