

EPZ Community Assessment Request Form : Entry # 20109
Community Hampton Falls
Point of Contact Name: Jay Lord
Point of Contact Phone:
Point of Contact Email: _____
Mailing Address: 3 Drinkwater Road Hampton Falls, New Hampshire 03844 United States Map It
PART I: Training Plan and Requests
Number of Trainings to be entered 0
Training Plan & Requests Total \$0.00
PART II: Drill and Exercise Participation
Number of Drills and Exercises 1
Name of Activity GE - IPX
Date Anticipated 09/29/2020
Number of Individuals Participating 20
Place of Exercise Hampton Falls EOC
Amount Requested for Drill/Exercise \$2,950.00
Drill & Exercise Total \$2,950.00
Part III: Equipment Requests
List amount of equipment you are requesting 0
Equipment Total \$0.00
Assessment Request Total Summary
Flat Rate request:

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\$8,500.00

Part I: Training request:

\$0.00

Part II: Drills & Exercises request:

\$2,950.00

Part III: Equipment request:

\$0.00

Total

\$11,450.00

Please attach your signed Scope of Service Agreement.

- [Scope-of-Service-HF-EOC.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

Jay Lord

Title of Person Submitting Form

EMD

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added March 14, 2020 at 9:22 am

WordPress successfully passed the notification email to the sending server.