

**EPZ Community Assessment Request Form : Entry #
19770****Community**

Kensington

Point of Contact Name:

Jonathan True

Point of Contact Phone:**Point of Contact Email:**[_____](#)**Mailing Address:**

95 Amesbury Road
Kensington, New Hampshire 03833
United States
[Map It](#)

PART I: Training Plan and Requests**Number of Trainings to be entered**

2

Name of Training

IS-3 Radiological Emergency Management

Date Anticipated

11/16/2020

Number of Individuals

2

Amount Requested

\$250.00

Name of Training

IS-331 Introduction to Radiological Emergency Preparedness Exercise Evaluation

Date Anticipated

02/16/2021

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19770****Number of Individuals**

2

Amount Requested

\$550.00

Training Plan & Requests Total

\$800.00

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

1

Name of Activity

Evaluated

Date Anticipated

09/29/2020

Number of Individuals Participating

9

Place of Exercise

Kensington EOC

Amount Requested for Drill/Exercise

\$1,500.00

Drill & Exercise Total

\$1,500.00

Part III: Equipment Requests**List amount of equipment you are requesting**

0

Equipment Total

\$0.00

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Assessment Request Total Summary

Flat Rate request:

\$8,500.00

Part I: Training request:

\$800.00

Part II: Drills & Exercises request:

\$1,500.00

Part III: Equipment request:

\$0.00

Total

\$10,800.00

Please attach your signed Scope of Service Agreement.

- [2021scopeKens.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

Jonathan True

Title of Person Submitting Form

EMD

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added 1 hour ago

WordPress successfully passed the notification email to the sending server.