


EPZ Community Assessment Request Form : Entry # 19794
Community New Castle
Point of Contact Name: Ted Hartmann
Point of Contact Phone:
Point of Contact Email: _____
Mailing Address: 43 MAIN ST NEW CASTLE, New Hampshire 03854 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 REP Evaluated
Date Anticipated 09/29/2020
Number of Individuals Participating 14
Place of Exercise New Castle Fire Dept.
Amount Requested for Drill/Exercise \$2,420.00
Drill & Exercise Total \$2,420.00
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:
\$2,420.00
Part III: Equipment request:
\$0.00
Total
\$10,920.00
Please attach your signed Scope of Service Agreement.
<ul style="list-style-type: none"> NCFD-SOS.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.
<ul style="list-style-type: none"> I Certify
Name of Person Submitting Form
Ted Hartmann
Title of Person Submitting Form
EMD
Email
<hr/>
Comments/Notes
Thank you!!

Notes

 **Submission Notification (ID: 54f5c816599b0)**

added February 25, 2020 at 10:44 am

WordPress successfully passed the notification email to the sending server.