

EPZ Community Assessment Request Form : Entry # 21546
Community Newfields
Point of Contact Name: Nathan Liebenow
Point of Contact Phone:
Point of Contact Email: _____
Mailing Address: 65 Main Street Newfields, New Hampshire 03856 United States Map It
PART I: Training Plan and Requests
Number of Trainings to be entered 1
Name of Training REP 3: RADEF Officer
Date Anticipated 08/17/2020
Number of Individuals 2
Amount Requested \$200.00
Training Plan & Requests Total \$200.00
PART II: Drill and Exercise Participation
Number of Drills and Exercises 3
Name of Activity Drill CFE #2
Date Anticipated 08/10/2020
Number of Individuals Participating 11
Place of Exercise Newfields EOC
Amount Requested for Drill/Exercise \$4,000.00
Name of Activity

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Date Anticipated

09/21/2020

Number of Individuals Participating

11

Place of Exercise

Newfields EOC

Amount Requested for Drill/Exercise

\$2,000.00

Name of Activity

Graded Exercise

Date Anticipated

09/29/2020

Number of Individuals Participating

11

Place of Exercise

Newfields EOC

Amount Requested for Drill/Exercise

\$4,000.00

Drill & Exercise Total

\$10,000.00

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:

\$200.00

Part II: Drills & Exercises request:

\$10,000.00

Part III: Equipment request:

\$0.00

Total

\$18,700.00

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.

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- I Certify

Name of Person Submitting Form

Nathan Liebenow

Title of Person Submitting Form

Deputy Director EM/ Chief of Police

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added April 15, 2020 at 7:20 am

WordPress successfully passed the notification email to the sending server.