

<b>EPZ Community Assessment Request Form : Entry # 19924</b>
<b>Community</b> Newton
<b>Point of Contact Name:</b> larry foote
<b>Point of Contact Phone:</b>
<b>Point of Contact Email:</b> <u>                    </u> <u>                    </u>
<b>Mailing Address:</b> 8 d merrimac rd newton, New Hampshire 03858 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> 1
<b>Name of Activity</b> graded exercise
<b>Date Anticipated</b> 09/29/2020
<b>Number of Individuals Participating</b> 20
<b>Place of Exercise</b> newton eoc
<b>Amount Requested for Drill/Exercise</b> \$6,000.00
<b>Drill &amp; Exercise Total</b> \$6,000.00
<b>Part III: Equipment Requests</b>
<b>List amount of equipment you are requesting</b> 0
<b>Equipment Total</b> \$0.00
<b>Assessment Request Total Summary</b>
<b>Flat Rate request:</b>

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\$8,500.00

**Part I: Training request:**

\$0.00

**Part II: Drills & Exercises request:**

\$6,000.00

**Part III: Equipment request:**

\$0.00

**Total**

\$14,500.00

**Please attach your signed Scope of Service Agreement.**

- [Scope-of-Services-Template.docx-2021.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**

larry foote

**Title of Person Submitting Form**

emd

**Email**

\_\_\_\_\_

**Notes**



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

added March 2, 2020 at 9:13 am

WordPress successfully passed the notification email to the sending server.