

EPZ Community Assessment Request Form : Entry # 21559
Community Rye
Point of Contact Name: Kevin Walsh
Point of Contact Phone:
Point of Contact Email: _____
Mailing Address: 555 Washington Road Rye, New Hampshire 03870 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 11/20/2020
Number of Individuals 2
Amount Requested \$250.00
Training Plan & Requests Total \$250.00
PART II: Drill and Exercise Participation
Number of Drills and Exercises 1
Name of Activity EPZ Graded Exercise
Date Anticipated 09/29/2020
Number of Individuals Participating 15
Place of Exercise Rye EOC
Amount Requested for Drill/Exercise \$510.00
Drill & Exercise Total

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\$510.00

Part III: Equipment Requests

List amount of equipment you are requesting

1

Name of Equipment

Monitor screen

Use in REP

Used in REP during drills to monitor activities

Percentage of Total Cost (If Applicable)

100

Equipment Amount Requested

\$2,500.00

Equipment Total

\$2,500.00

Assessment Request Total Summary

Flat Rate request:

\$8,500.00

Part I: Training request:

\$250.00

Part II: Drills & Exercises request:

\$510.00

Part III: Equipment request:

\$2,500.00

Total

\$11,760.00

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.

- I Certify

Name of Person Submitting Form

Kimberly Reed

Title of Person Submitting Form

EMD Administrative Assistant

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added April 15, 2020 at 1:31 pm

WordPress successfully passed the notification email to the sending server.