

EPZ Community Assessment Request Form : Entry # 20096	
Community	
Seabrook	
Point of Contact Name:	
Kelly McDonald	
Point of Contact Phone:	
Point of Contact Email:	

Mailing Address:	
87 Centennial St Seabrook, New Hampshire 03874 United States Map It	
PART I: Training Plan and Requests	
Number of Trainings to be entered	
2	
Name of Training	
REP 3: RADEF Officer	
Date Anticipated	
08/12/2020	
Number of Individuals	
24	
Amount Requested	
\$3,200.00	
Name of Training	
REP 2: EOC Operations in REP	
Date Anticipated	
08/19/2020	
Number of Individuals	
10	
Amount Requested	
\$1,300.00	
Training Plan & Requests Total	
\$4,500.00	
PART II: Drill and Exercise Participation	
Number of Drills and Exercises	
1	
Name of Activity	
Graded Exercise	
Date Anticipated	

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09/29/2020

Number of Individuals Participating

15

Place of Exercise

Seabrook EOC

Amount Requested for Drill/Exercise

\$4,000.00

Drill & Exercise Total

\$4,000.00

Part III: Equipment Requests

List amount of equipment you are requesting

3

Name of Equipment

Extreme Surface Drysuits

Use in REP

Search and rescue, marsh, harbor, and ocean during natural or man made disasters.

Percentage of Total Cost (If Applicable)

100

Equipment Amount Requested

\$10,039.00

Name of Equipment

Water Rescue Gloves

Use in REP

Search and rescue, marsh, harbor, and ocean during natural or man made disasters.

Percentage of Total Cost (If Applicable)

100

Equipment Amount Requested

\$2,582.65

Name of Equipment

Inflatable Rescue Swimmer Vest

Use in REP

Search and rescue, marsh, harbor, and ocean during natural or man made disasters.

Percentage of Total Cost (If Applicable)

100

Equipment Amount Requested

\$6,199.20

Equipment Total

\$18,820.85

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Assessment Request Total Summary

Flat Rate request:

\$8,500.00

Part I: Training request:

\$4,500.00

Part II: Drills & Exercises request:

\$4,000.00

Part III: Equipment request:

\$18,820.85

Total

\$35,820.85

Please attach your signed Scope of Service Agreement.

- [SKM_C360i20030414482.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

Kelly McDonald

Title of Person Submitting Form

EOC Coordinator

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added March 13, 2020 at 11:21 am

WordPress successfully passed the notification email to the sending server.