

EPZ Community Assessment Request Form : Entry # 21640
Community Stratham
Point of Contact Name: David Barr
Point of Contact Phone: (603) 793-4763
Point of Contact Email: _____
Mailing Address: 7 Orchard Hill Rd Stratham, New Hampshire 03885 United States Map It
PART I: Training Plan and Requests
Number of Trainings to be entered 2
Name of Training REP 2: EOC Operations in REP
Date Anticipated 09/01/2020
Number of Individuals 10
Amount Requested \$700.00
Name of Training REP 3: RADEF Officer
Date Anticipated 09/01/2020
Number of Individuals 2
Amount Requested \$210.00
Training Plan & Requests Total \$910.00
PART II: Drill and Exercise Participation
Number of Drills and Exercises 2
Name of Activity CFE 2
Date Anticipated

EPZ Community Assessment Request Form : Entry # 21640

08/12/2020

Number of Individuals Participating

12

Place of Exercise

Stratham EOC

Amount Requested for Drill/Exercise

\$2,820.00

Name of Activity

Graded Exercise

Date Anticipated

09/29/2020

Number of Individuals Participating

12

Place of Exercise

Stratham EOC

Amount Requested for Drill/Exercise

\$2,820.00

Drill & Exercise Total

\$5,640.00

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:

\$910.00

Part II: Drills & Exercises request:

\$5,640.00

Part III: Equipment request:

\$0.00

Total

\$15,050.00

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

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David Barr

Title of Person Submitting Form

EMD Stratham

Email

Notes



Submission Notification (ID: 54f5c816599b0)

added April 20, 2020 at 10:30 am

WordPress successfully passed the notification email to the sending server.