



15-2016
EPZ - FY 20XX Supplementary Budgets

(Must be submitted no later than 15 March 20XX)

Name of Community: Chesterfield, NH Date: 3/15/15

PART I. MAINTENANCE OF FACILITIES REQUEST(S)	REP Percentage of Total Cost	
Maintenance of facilities (rent, trash removal, electric bills, etc.)	<u>25</u> %	\$ <u>36,000</u>
NOTES: <u>Power generator is 100% REP</u>		
SUBTOTAL FOR PART I =		\$ <u>9,000</u>
PART II. PURCHASE OF EQUIPMENT (Identify each piece of equipment separately)	LINE ITEM AMOUNT (\$)	
Item: <u>15 New @</u> <u>#?</u>	\$ <u>2050.00</u>	
Use in REP Activity:		
Item:	\$ _____	
Use in REP Activity:		
Item:	\$ _____	
Use in REP Activity:		
Item:	\$ _____	
Use in REP Activity:		
SUBTOTAL FOR PART II =		\$ <u>2050.00</u>

PART IV. SUPPLIES AND SERVICES:	
<u>Toner/paper/pens/office supplies</u>	\$ <u>500.00</u>
	\$ _____
	\$ _____
SUBTOTAL FOR PART IV = \$ <u>500.00</u>	

PART V. PLANNING AND ADMINISTRATION:	
<u>2</u> X <u>100</u> X <u>25.00</u>	\$ <u>5000.00</u>
# of people	# of hours
	\$ per hour
SUBTOTAL FOR PART V = \$ <u>5000.00</u>	

TOTAL SFY ASSESSMENT REQUEST = \$ 17,730

Community: <u>Chesterfield, NH</u>	
LOCAL COMMUNITY	DATE
Reviewed by: <u>M. Denis Jabs</u> Emergency Management Director	<u>3/15/15</u>
Approved by: <u>[Signature]</u> Authorized Signature	<u>3/18/15</u>
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Reviewed by: _____ Field Representative	____/____/____
Approved by: _____ Chief, Technological Hazards	____/____/____

*****Special Note for Training:**
To be reimbursed for training expenses, course record with names of municipality's participants must be submitted in addition to invoice from appropriate community.