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(July 1, 2015 through June 30, 2016)

**TECHNOLOGICAL HAZARDS
SECTION**
Commissioner's Office
Richmond

Contact Person & Phone: John Janicki - 603-585-9046

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PART I. MAINTENANCE OF FACILITIES REQUEST(S)	REP Percentage of Total Cost	
Maintenance of facilities (rent, trash removal, electric bills, etc.)	50%	\$ 6000.00
NOTES:		
SUBTOTAL FOR PART I = \$ 6000.00		

PART II. PURCHASE OF EQUIPMENT (Identify each piece of equipment separately)	LINE ITEM AMOUNT (\$)
Item:	
	\$
Use in REP Activity:	
Item:	
	\$
Use in REP Activity:	

SUBTOTAL FOR PART III = \$ 3400.00	

PART IV. SUPPLIES AND SERVICES:	
	\$650.00
	\$ _____
	\$ _____
SUBTOTAL FOR PART IV = \$ 650.00	

PART V. PLANNING AND ADMINISTRATION:	
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<u>2</u> X <u>480</u> X <u>25</u> # of people # of hours \$ per hour	\$ 4350.00
TOTAL FOR PART V = \$ 4350.00	



ASSESSMENT REQUEST = \$ <u>14400.00</u>

REVIEW AND SIGNATURE FORM

Community: <u>Richmond, NH</u>	
LOCAL COMMUNITY	DATE
Reviewed by: <u>John Janicki</u> Emergency Management Director	<u>3</u> / <u>13</u> / <u>15</u>
Approved <u>John Janicki</u> Authorized Signature	<u>3</u> / <u>13</u> / <u>15</u>
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Reviewed _____ by: Field Representative	____ / ____ / ____

Approved _____ Chief, Technological Hazards	by: ____/____/____
Approved _____ Department of Safety – Business Office	by: ____/____/____
ASSESSMENT REQUEST STATUS	DATE
Assessment Request received by HSEM	____/____/____
Assessment Request approved as submitted	____/____/____
Assessment Request approved with revisions	____/____/____
Revisions: _____ _____ _____	____/____/____

