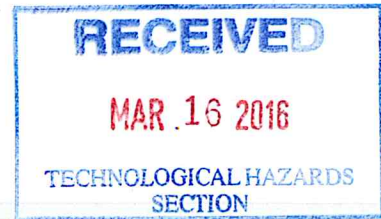


HSEM TechHazards

From: Town of Kingston NH <firechief@kingstonnh.org>
Sent: Wednesday, March 16, 2016 8:55 AM
To: HSEM TechHazards
Subject: Supplementary Budget Submission



Name of Community:

Town of Kingston NH

Point of Contact Name:

Bill Seaman

Point of Contact Phone:

(603) 642-3626

Point of Contact Email:

firechief@kingstonnh.org

Mailing Address:

PO Box 302
Kingston, New Hampshire 03848
United States
[Map It](#)

PART I: Training Plan and Requests

Number of Trainings to be entered

2

Name of Training

RADEF Refresher

Date Anticipated

03/16/2017

Number of Individuals

20

Place of Training

Kingston Fire Department

Amount Requested

\$3,150.00

Name of Training

EOC Refresher

Date Anticipated

04/05/2017

Number of Individuals

20

Place of Training

Kingston Fire Department

Amount Requested

\$3,150.00

Category I Total

\$6,300.00



PART II: Drill and Exercise Participation

Number of Drills and Exercises

2

Name of Activity

Recovery/ Re-entry Workshop

Number of Individuals Participating

3

Place of Exercise

TBD

Amount Requested for Drill/Exercise

\$1,200.00

Name of Activity

Recovery/ Re-entry TTX

Number of Individuals Participating

3

Place of Exercise

TBD

Amount Requested for Drill/Exercise

\$1,200.00

Category II Total

\$2,400.00



Part III: Equipment Requests

List amount of equipment you are requesting

0

Category III Total

\$0.00

Total Amount Being Requested

\$8,700.00

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

Bill Seaman

Title of Person Submitting Form

EMD/ Fire Chief