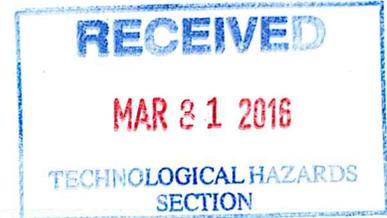


## HSEM TechHazards

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**From:** Town of Newfields, NH <tom@nhsoda.com>  
**Sent:** Thursday, March 31, 2016 2:37 PM  
**To:** HSEM TechHazards  
**Subject:** Supplementary Budget Submission



**Name of Community:**

Town of Newfields, NH

**Point of Contact Name:**

Tom Conner

**Point of Contact Phone:**

(603) 234-7005

**Point of Contact Email:**

[tom@nhsoda.com](mailto:tom@nhsoda.com)

**Mailing Address:**

PO Box 171  
Newfields, New Hampshire 03856  
United States  
[Map It](#)

### PART I: Training Plan and Requests

**Number of Trainings to be entered**

1

**Name of Training**

RADEF Officer Class

**Date Anticipated**

04/12/2017

**Number of Individuals**

3

**Place of Training**

Newfields EOC

**Amount Requested**

\$360.00



**Category I Total**

\$360.00

### PART II: Drill and Exercise Participation

**Number of Drills and Exercises**

2

**Name of Activity**

Re-Entry and Recovery Workshop

**Number of Individuals Participating**

2

**Place of Exercise**

TBD

**Amount Requested for Drill/Exercise**

\$480.00

**Name of Activity**

Re-Entry and Recovery TTX

**Number of Individuals Participating**

2

**Place of Exercise**

TBD

**Amount Requested for Drill/Exercise**

\$480.00

**Category II Total**

\$960.00

**Part III: Equipment Requests**

**List amount of equipment you are requesting**

0

**Category III Total**

\$0.00

**Total Amount Being Requested**

\$1,320.00

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**

Paul Hatch

**Title of Person Submitting Form**

Field Representative