

## FLAT RATE FUNDING AND BUDGETING

### REQUEST FORM

## SEABROOK STATION EPZ – FY 2017 Supplementary Budgets

(Must be submitted no later than 30 March 2016)

Name of Community: City of Portsmouth      Date: March 15, 2016

### Part I: Training Plan & Requests

(Training should reflect ONLY individuals from your municipality)

| Name of Training              | Date Anticipated | Number of Individuals | Place of Training | \$\$ Request |
|-------------------------------|------------------|-----------------------|-------------------|--------------|
|                               |                  |                       |                   |              |
|                               |                  |                       |                   |              |
|                               |                  |                       |                   |              |
|                               |                  |                       |                   |              |
|                               |                  |                       |                   |              |
| Food & Supplies for Trainings |                  |                       |                   |              |
| <b>TOTAL REQUEST</b>          |                  |                       |                   | <b>0</b>     |

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

### Training Programs Eligible for REP reimbursement:

REP 101 – INTRODUCTION TO REP (covers notification, protective action process, radiation concepts, radiological exposure control, EOC Operations and operation of public alert system.

SPECIALIZED TRAINING ON PROCEDURES.

RADEF TRAINING – Issuance of dosimetry and procedures for Radef Officer.

EMI INDEPENDENT STUDY:

- IS-3 Radiological Emergency Management (Max. 5 hours)
- IS-301 Radiological Emergency Response (Max. 6 hours)
- IS-331 Introduction to Radiological Emergency Preparedness Exercise Evaluation (Max. 10 hours)

Special REP Courses offered through HSEM are also eligible. Please check with your Field Rep. or with Tech Hazards if you are unsure of reimbursement eligibility.

### Part 2 – Drill & Exercise Participation

(Drills & Exercises should reflect expenses incurred ONLY individuals from your municipality)

| Name of Activity                  | Date Anticipated | Number of Individuals | Place of Exercise | \$\$ Request   |
|-----------------------------------|------------------|-----------------------|-------------------|----------------|
| Workshop                          |                  | 2                     |                   | \$400.0        |
| TTX                               |                  | 2                     |                   | \$400.0        |
| CFE# 1                            |                  |                       |                   |                |
| CFE# 2                            |                  |                       |                   |                |
| Graded X                          |                  |                       |                   |                |
| Food & Supplies for Drills/Exerc. |                  |                       |                   |                |
| <b>TOTAL REQUEST</b>              |                  |                       |                   | <b>\$800.0</b> |

Drills, exercises and workshop dates for the SS Exercise Cycles are provided by HSEM. If a municipality wishes to have an event separate from the published dates and be reimbursed, prior approval from HSEM Tech Hazards must be obtained.

### Part 3 – Equipment Requests

Equipment Requests are made for any single piece of equipment > \$2,500. Equipment purchases of \$2,500 or less per individual piece of equipment must come from the \$8,500 flat fee.

| Name of Equipment    | Use in REP | Percentage of Total Cost (if applicable) | \$\$ Request |
|----------------------|------------|--|--------------|
|                      |            |  |              |
|                      |            |  |              |
|                      |            |  |              |
|                      |            |  |              |
|                      |            |  |              |
|                      |            |  |              |
| <b>TOTAL REQUEST</b> |            |  | <b>0</b>     |

**Approval/Recommendation of Request:**

**Steven E. Achilles**

**March 14, 2016**

**Municipal Representative (Approval)**

**Date**

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**Field Representative (Recommendation)**

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**Date**