

## HSEM TechHazards

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**From:** Seabrook <jtitone04@comcast.net>  
**Sent:** Monday, March 14, 2016 9:27 AM  
**To:** HSEM TechHazards  
**Subject:** Supplementary Budget Submission

**Name of Community:**

Seabrook

**Point of Contact Name:**

Joseph Titone

**Point of Contact Phone:**

(603) 474-5772

**Point of Contact Email:**

[jtitone04@comcast.net](mailto:jtitone04@comcast.net)

**Mailing Address:**

P.O. Box 456, 87 Centennial St  
Seabrook, New Hampshire 03874  
United States  
[Map It](#)

### PART I: Training Plan and Requests

**Number of Trainings to be entered**

4

**Name of Training**

EOC Training

**Date Anticipated**

07/27/2016

**Number of Individuals**

10

**Place of Training**

Seabrook

**Amount Requested**

\$1,300.00

**Name of Training**

EOC Training

**Date Anticipated**

03/08/2017

**Number of Individuals**

10

**Place of Training**

Seabrook

**Amount Requested**

\$1,300.00

**Name of Training**

RADEF

**Date Anticipated**

11/15/2016

**Number of Individuals**

5

**Place of Training**

TBD

**Amount Requested**

\$700.00

**Name of Training**

RADEF

**Date Anticipated**

05/06/2017

**Number of Individuals**

5

**Place of Training**

TBD

**Amount Requested**

\$700.00

**Category I Total**

\$4,000.00

**PART II: Drill and Exercise Participation**

**Number of Drills and Exercises**

2

**Name of Activity**

Work shop

**Date Anticipated**

09/21/2016

**Number of Individuals Participating**

5

**Place of Exercise**

TBD

**Amount Requested for Drill/Exercise**

\$1,200.00

**Name of Activity**

TTX

**Date Anticipated**

12/07/2016

**Number of Individuals Participating**

5

**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**

\$6,400.00

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**

Joseph Titone

**Title of Person Submitting Form**

Emergency Management Director