

DM copy

**ASSESSMENT WORKSHEET**

**(July 1, 2014 through June 30, 2015)**

Community: Chesterfield
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<b>PART I. MAINTENANCE OF FACILITIES REQUEST(S)</b>	<b>REP Percentage of Total Cost</b>	
Maintenance of facilities (rent, trash removal, electric bills, etc.)	25 %	\$ 34,000
<b>NOTES:</b>		
<b>SUBTOTAL FOR PART I = \$ 8,500</b>		

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

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<b>PART IV. SUPPLIES AND SERVICES:</b>	
Consumables- Food, Office Supplies, Duplication, Postage, Training Supplies	\$ 1500.00
Generator Fuel	\$ 500.00
Communications	\$ 2,592.00
<b>SUBTOTAL FOR PART IV = \$4,592.00</b>	

<b>PART V. PLANNING AND ADMINISTRATION:</b>	
1      X      200      X      \$25.00	\$ 5,000.00 ✓
# of people                  # of hours                  \$ per hour	
<b>SUBTOTAL FOR PART V = \$ 5,000.00</b>	

<b>TOTAL SFY ASSESSMENT REQUEST = \$ 31,672.00</b>
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**REVIEW AND SIGNATURE FORM**

Community: Chesterfield	
LOCAL COMMUNITY	DATE
Reviewed by: <u>M. Reneo Jels</u> Emergency Management Director	<u>03 / 12 / 14</u>
Approved by: _____ Authorized Signature	_ / _ / _
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Reviewed by: _____ Field Representative	_ / _ / _
Approved by: _____	_ / _ / _

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