

2015 ASSESSMENT WORKSHEET

(July 1, 2014 through June 30, 2015)

Assessment Request from: **Seabrook Station** **Vermont Yankee** (required)

Community/Agency: <u>East Kingston</u> (Required)
Contact Person: <u>Michelle Cotton-Miller</u> (Required) Phone: <u>978.360.5194</u> (Required)
E-mail: <u>chelly7775@comcast.net</u>

PART I. MAINTENANCE OF FACILITIES REQUEST(S)	REP Percentage of Total Cost	
Maintenance of facilities (rent, trash removal, electric bills, etc.)	%	\$ <u>0</u>
NOTES: Data input		
SUBTOTAL FOR PART I = \$ <u>0</u>		

PART II. PURCHASE OF EQUIPMENT (Identify each piece of equipment separately)	LINE ITEM AMOUNT (\$)
Item: Data input Printer	
Use in REP Activity: (Required if Item above has data) needed to print 300 B SS forms and packets / other SS emails/work	\$ <u>169.99</u>
Item: Data input 24 hr clock	
Use in REP Activity: (Required if Item above has data) needed for EOC office for drills, exercises and emergencies	\$ <u>22.99</u>
Item: Data input shredder	
Use in REP Activity: (Required if Item above has data) needed for old packets and personal information forms	\$ <u>159.99</u>
Item: Data input	

mark ✓

PART IV. SUPPLIES AND SERVICES:		
Data input	food for drills, exercises, drinks	\$ - -
Data input	misc. office supplies, paper,	\$ 1,200.00
Data input	ink, (for making new) packets, folders, hanging folders.	\$ - -
		SUBTOTAL FOR PART IV = \$ 1,200.00

PART V. PLANNING AND ADMINISTRATION:		
<u>1</u>	x <u>90</u>	x <u>25</u>
# of people aver.	# of hours aver	\$ per hour aver.
		\$ 2,250.00 ✓
		SUBTOTAL FOR PART V = \$ 2,250.00

TOTAL SFY ASSESSMENT REQUEST = \$ 18,202.97 ✓

REVIEW AND SIGNATURE FORM

Community: <u>East Kingston</u>	
LOCAL COMMUNITY	DATE
Reviewed by: <u>Michelle Cuth-Mellie</u> Emergency Management Director	<u>3 115 114</u>
Approved by: _____ Authorized Signature	<u>1 1</u>
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Received by: <u>[Signature]</u>	<u>3 18 14</u>
Approved by: _____ Chief, Technological Hazards	<u>1 1</u>

Approved by: _____ Department of Safety – Business Office	____ / ____ / ____
ASSESSMENT REQUEST STATUS	DATE
Assessment Request received by HSEM	3 / 17 / 14
Assessment Request approved as submitted	____ / ____ / ____
Assessment Request approved with revisions	____ / ____ / ____
Revisions: _____ _____	____ / ____ / ____