

2015 ASSESSMENT WORKSHEET

(July 1, 2014 through June 30, 2015)

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

Community/Agency: <u>Hampton Falls EOC</u> (Required)
Contact Person : <u>Jay M. Lord - EMD</u> (Required) Phone <u>(603) 926-5752</u> Required)
E-mail: <u>chief@hffd.org</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	
Use in REP Activity: (Required if Item above has data)	\$ _____
Item: Data input	
Use in REP Activity: (Required if Item above has data)	\$ _____
Item: Data input	
Use in REP Activity: (Required if Item above has data)	\$ _____
Item: Data input	

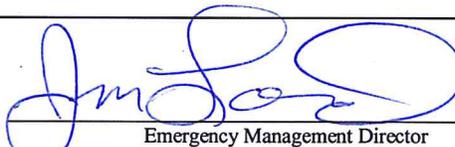
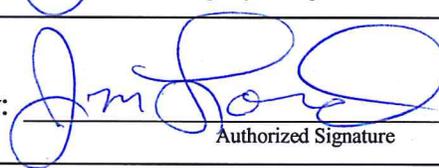
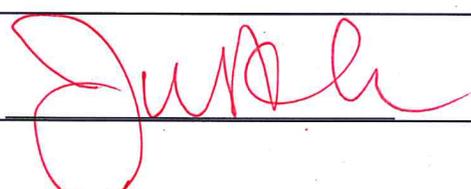
mark ✓

PART IV. SUPPLIES AND SERVICES:	
Data input – Consumable supplies, copier paper, pens, etc.	\$ <u>200</u>
Data input – Food for 2 CFE & 1 Graded Exercise	\$ <u>500</u>
Data input	\$ <u> </u>
SUBTOTAL FOR PART IV = \$ <u>700</u>	

PART V. PLANNING AND ADMINISTRATION:	
<u>1</u> X <u>100</u> X <u>25</u>	\$ <u>2,500</u>
# of people aver. # of hours aver \$ per hour aver.	
SUBTOTAL FOR PART V = \$ <u>2,500</u>	

TOTAL SFY ASSESSMENT REQUEST = \$ <u>11,350</u>
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REVIEW AND SIGNATURE FORM

Community: <u>Hampton Falls</u>	
LOCAL COMMUNITY	DATE
Reviewed by: <u></u> Emergency Management Director	<u>3 / 14 / 14</u>
Approved by: <u></u> Authorized Signatory	<u>3 / 14 / 14</u>
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Received by: <u></u>	<u>3 / 14 / 14</u>
Approved by: _____ Chief, Technological Hazards	<u> / / </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: _____ _____	____ / ____ / ____