

**HSEM TechHazards**

**From:** Hampton Falls <chief@hffd.org>  
**Sent:** Thursday, March 31, 2016 10:40 AM  
**To:** HSEM TechHazards  
**Subject:** Supplementary Budget Submission



**Name of Community:**

Hampton Falls

**Point of Contact Name:**

Jay Lord

**Point of Contact Phone:**

(603) 926-5752

**Point of Contact Email:**

[chief@hffd.org](mailto:chief@hffd.org)

**Mailing Address:**

3 Drinkwater Road  
Hampton Falls, New Hampshire 03844  
United States  
[Map It](#)

**PART I: Training Plan and Requests**

**Number of Trainings to be entered**

3

**Name of Training**

IS-3

**Date Anticipated**

09/01/2016

**Number of Individuals**

1

**Place of Training**

On-Line (FEMA)

**Amount Requested**

\$200.00

**Name of Training**

IS-301

**Date Anticipated**

07/31/2016

**Number of Individuals**

2

**Place of Training**

On-Line (FEMA)

**Amount Requested**

\$300.00

**Name of Training**

IS-331

**Date Anticipated**

09/30/2016

**Number of Individuals**

2

**Place of Training**

On-Line (FEMA)

**Amount Requested**

\$500.00

**Category I Total**

\$1,000.00

**PART II: Drill and Exercise Participation**

**Number of Drills and Exercises**

2

**Name of Activity**

Workshop by Tech Haz: Recovery and Reentry

**Date Anticipated**

01/31/2017

**Number of Individuals Participating**

2

**Place of Exercise**

TBD

**Amount Requested for Drill/Exercise**

\$350.00

**Name of Activity**

TTX by Tech Haz: Recovery and Reentry

**Date Anticipated**

02/28/2017

**Number of Individuals Participating**

2

**Place of Exercise**

TBD

**Amount Requested for Drill/Exercise**

\$350.00

**Category II Total**

\$700.00

**Part III: Equipment Requests**

**List amount of equipment you are requesting**

0

**Category III Total**

\$0.00

**Total Amount Being Requested**

\$1,700.00

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**

Jay Lord

**Title of Person Submitting Form**

EMD