

**ASSESSMENT WORKSHEET**

(July 1, 2014 through June 30, 2015)

Community: Hinsdale

Contact Person & Phone: Cliff Hastings 603313 5548

E-mail: \_\_\_\_\_

PART I. MAINTENANCE OF FACILITIES REQUEST(S)	REP Percentage of Total Cost	
Maintenance of facilities (rent, trash removal, electric bills, etc.)	%	\$ <u>4800<sup>00</sup></u>
NOTES:		
<b>SUBTOTAL FOR PART I = \$ <u>4,800</u></b>		

PART II. PURCHASE OF EQUIPMENT (Identify each piece of equipment separately)	LINE ITEM AMOUNT (\$)
Item: ⑤ Monitor V1 Use in REP Activity: Notification of Emergency	\$ <u>2625<sup>00</sup></u>
Item: ⑤ HT 1250 Use in REP Activity: Dept Comm	\$ <u>4375<sup>00</sup></u>
Item:  Use in REP Activity:	\$ _____
Item:	

*MAHA ✓*

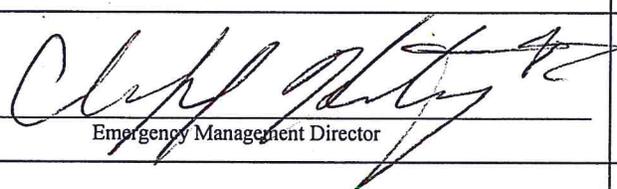


<b>PART IV. SUPPLIES AND SERVICES:</b>	
Office	\$ 1500
Gen & Radio Maint / Fuel	\$ 4000
	\$
<b>SUBTOTAL FOR PART IV = \$ 5,500</b>	

<b>PART V. PLANNING AND ADMINISTRATION:</b>	
1 x 160 x 25	\$ 4000 <sup>00</sup>
# of people          # of hours          \$ per hour	
<b>SUBTOTAL FOR PART V = \$ 4,000</b>	

<b>TOTAL SFY ASSESSMENT REQUEST = \$ 30,300</b>
---

**REVIEW AND SIGNATURE FORM**

Community: <u>Hinsdale</u>	
LOCAL COMMUNITY	DATE
Reviewed by: <u></u> Emergency Management Director	_ / _ / _
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	____ / ____ / ____
<b>ASSESSMENT REQUEST STATUS</b>	<b>DATE</b>
Assessment Request received by HSEM	____ / ____ / ____
Assessment Request approved as submitted	____ / ____ / ____
Assessment Request approved with revisions	____ / ____ / ____
Revisions: _____ _____	____ / ____ / ____