

ASSESSMENT WORKSHEET

Community: New Castle _____ (July 1, 2014 through June 30, 2015)

Contact Person & Phone :David Blanding _____

E-mail: dmblanding@comcast.net _____

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

PART II. PURCHASE OF EQUIPMENT (Identify each piece of equipment separately)	LINE ITEM AMOUNT (\$)
Item:	
Use in REP Activity:	\$ _____
Item:	
Use in REP Activity:	\$ _____
Item:	
Use in REP Activity:	\$ _____
Item:	
Use in REP Activity:	\$ _____
SUBTOTAL FOR PART II = \$ 0 _____	

PART III. EXERCISE, MEETING & TRAINING PARTICIPATION	LINE ITEM AMOUNT (\$)

mark ✓

# of people	# of hours	\$ per hour	
			SUBTOTAL FOR PART V = \$ 1440.

TOTAL SFY ASSESSMENT REQUEST = \$ 12330.

REVIEW AND SIGNATURE FORM

Community: New Castle _____	
LOCAL COMMUNITY	DATE
Reviewed by: <u>David M. Blanding</u> Emergency Management Director	3/14/2014
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: _____	___/___/___